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Alabama Department
of

# PUBLIC HEALTH

**1989**
**Annual Report**

## STATE COMMITTEE OF PUBLIC HEALTH

Seated, from left, Billie R. Rozell, R.N., D.S.N., Council on Prevention of Disease and Medical Care, Midfield; and James Scruggs, Council on Health Costs, Administration and Organization, Marion. Standing, from left, Naseeb L. Shory, D.D.S., Council on Dental Health, Lillian; and Walter W. Williams, D.V.M., Council on Animal and Environmental Health, Huntsville.

Seated, from left, William D. Lazenby, M.D., vice chairman, Opelika; and W. Earle Riley, M.D., chairman, Fairfield. Standing, from left, Ernest C. Brock, Jr., M.D., Tuscaloosa; Claude Earl Fox, M.D., M.P.H., secretary, Montgomery; and Garland C. Hall, Jr., M.D., Moulton.

Seated, from left, Patrick B. Jones, Jr., M.D., Dothan; and Jon E. Sanford, M.D., Fayette. Standing, from left, James E. West, M.D., Anniston; and Richard H. Esham, M.D., Mobile.

Seated, from left, Ellann McCrory, M.D., Fort Payne; and William M. Lightfoot, M.D., Mobile. Standing, from left, Peter W. Morris, M.D., Birmingham; and William C. Waller, M.D., Montgomery.

State of Alabama
Department of Public Health

*State Office Building*
*Montgomery, Alabama*

*Claude Earl Fox, M.D., M.P.H.*
*State Health Officer*

*MAILING ADDRESS*
*434 Monroe Street*
*Montgomery, Alabama 36130-1701*

The Honorable Guy Hunt
Governor of Alabama
Montgomery, Alabama 36130

Dear Governor Hunt:

The Alabama Department of Public Health ended the 1980s with a number of significant challenges and achievements. These included the victory over the Auburn measles epidemic, the first state/industry alliance to prevent drinking water pollution from onsite sewage disposal systems, continued growth in prenatal care and WIC participation, and expansion of the child restraint law. In addition there were great strides forward in department resource management and development, and steps were taken to address the crisis in rural health care.

From the long hours spent over spreadsheets of financial and program data to the smiles given to our smallest clients, public health personnel worked diligently to fulfill the mission of public health.

It is to these fine people that I dedicate this last annual report of the 1980s, and, to all those who have supported us in our endeavors to protect the health of every Alabamian, I offer my sincerest appreciation.

Sincerely,

Claude Earl Fox, M.D., M.P.H.
State Health Officer

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# Surveys help define prevalence of HIV infection in Alabama

Some individuals seek testing because they know they are at high risk of being infected with the AIDS-causing Human Immunodeficiency Virus, or HIV.

Others don't seek testing for the exact same reason.

Still others wouldn't dream of being tested because they don't believe AIDS could happen to them.

Consequently, Alabama's statistics concerning HIV positivity rates typically have not truly reflected the prevalence of infection in the state.

To get a clearer picture of the incidence of HIV infection, the Alabama Department of Public Health in calendar year 1989 initiated a series of blinded surveys among certain at-risk segments of the population, including patients at designated sexually transmitted disease, tuberculosis, family planning, maternity, abortion and drug treatment clinics in Jefferson County.

The five-year study, part of the Centers for Disease Control's National Family of Surveys, also will determine the rate of HIV infection among women of reproductive age through the testing of blood specimens routinely collected from all Alabama newborns.

Results of the first year of seroprevalence surveys showed an HIV infection level of 1.4 percent among STD patients; 2 percent among TB patients; 3.5 percent among patients in the drug treatment clinics surveyed; and .25 percent among samples tested in the selected women's clinics. Newborn testing, which will be the most effective measure of the infection rate in the general public, got under way during the last quarter of 1989.

Accurate estimates of HIV prevalence are vital for use in targeting HIV/AIDS prevention and control efforts toward groups and geographic areas at highest risk for infection and for planning for future demands that the HIV epidemic will place on the state's health care system.

**In '89, 221 new AIDS cases were reported in Alabama, bringing to 664 the total number of cases since 1982, when the state's first case was reported.**

**Although 1989 statistics showed the male: female ratio of Alabamians with AIDS at 8.5:1, the ratio for HIV infection was 4.9:1 — evidence that, as held true nationally, AIDS was becoming a growing threat to heterosexuals in Alabama.**

### '. . . the end of the beginning'

*The most significant breakthrough in AIDS came in the fall of 1989, with the news that strategically timed drug intervention in patients infected with the Human Immunodeficiency Virus could delay the onset of Acquired Immune Deficiency Syndrome.*

*Dr. Don Williamson, director of the health department's Bureau of Disease Control and Rehabilitative Services, said in opening remarks at the third annual Alabama AIDS Symposium: "We have not won the battle. We are not at the beginning of the end. However, I believe we are at the end of the beginning."*

In other efforts toward AIDS prevention and control, the health department in 1989:

- Established a computerized system for compiling HIV infection data for the department to use in establishing crude prevalence for geographic areas and in monitoring infections over time.
- Responded to almost 800 calls on the Alabama AIDS Hotline and saw a change in the focus of calls — from concerns about how AIDS is transmitted to questions about where persons infected with the AIDS virus could obtain help.
- Continued providing azidothymidine, or AZT, to eligible individuals, bringing to 57 the number of people approved to receive the drug through public health.
- Organized the Alabama Minority AIDS and Health Advisory Council, a 22-member group created to make recommendations to the health department in its efforts to reach minority groups with AIDS information.
- Funded AIDS in Minorities (AIM), which provided education, training and informational programs to 2,627 students, 400 professionals and 455 others.
- Co-sponsored, with the 250-member Alabama AIDS Network, the third annual Alabama AIDS Symposium, which drew 43 presenters and 750 attendees.
- Published the "Directory of Alabama AIDS Education and Service Programs" and distributed more than 3,000 of the statewide resource directories.
- Collaborated with the U.S. Army in a case control study to examine HIV seroconversion among military personnel.

# STD rates, treatment costs soar in '89

Syphilis reached its highest level in Alabama in at least a dozen years in 1989, and the incidence of a penicillin-resistant strain of gonorrhea skyrocketed 286.6 percent — expensive sexually transmitted disease (STD) increases public health officials blame largely on the rising popularity of crack cocaine.

The number of primary and secondary syphilis cases reported in 1989 totalled 925, a 61 percent increase over the 570 reported in 1988. Total syphilis cases in the state hit 2,008, up from 1,400 in 1988.

At the same time, penicillinase-producing *N. gonorrhoeae,* or PPNG, rose from 335 cases reported in calendar year 1988 to 1,295 in 1989. The resistant strain accounted for 6.7 percent of the total 19,372 gonorrhea cases reported.

The 1989 syphilis and PPNG increases are directly linked to crack cocaine's growing popularity and the accompanying increase in sexual promiscuity and unsafe sexual practices among crack users who are trading sex for money to buy the highly addictive drug.

The dramatic increase of PPNG in 1989 prompted the Sexually Transmitted Disease Branch of the Bureau of Disease Control and Rehabilitative Services to conduct two mass mailouts to Alabama's 6,000 physicians. The first mailout, in March, alerted physicians to the rapid spread of PPNG and urged those in hyperendemic areas — those counties where PPNG accounted for more than 3 percent of total gonorrhea — to help bring the disease under control by treating PPNG patients with a costly but effective drug, ceftriaxone, instead of penicillin. The second was a November mailing to notify physicians that, according to revised STD treatment guidelines from the Centers for Disease Control, ceftriaxone had replaced penicillin as the drug of choice for treating all gonorrhea cases.

*"On an annual basis, public health's cost to treat gonorrhea rose from about $15,000 to close to $400,000."*

The STD increases proved costly for Alabama. The switch from penicillin to ceftriaxone bumped the per-patient treatment cost for gonorrhea from 58 cents to $7.85. On an annual basis, public health's cost to treat gonorrhea rose from about $15,000 to close to $400,000.

The additional antibiotics required to treat the higher number of syphilis victims and their sexual contacts meant about a $10,000 increase in treatment costs.

# *Hypertension control efforts save money, lives*

The blue-collar worker knows his blood pressure is dangerously high.

He also has been warned that high blood pressure is the major cause of strokes and a leading risk factor for heart disease.

But because he has no private health insurance, and because he makes too much to qualify for Medicaid, he has no way of footing the bills for the ongoing medical care and medication that would be necessary to control his high blood pressure. So, he does nothing.

The man is among the estimated 235,000 medically indigent Alabamians who are a heartbeat away from suffering a disabling, or fatal, stroke or heart attack due to uncontrolled hypertension.

In fiscal year 1988-89, a total of 6,912 of those uninsured individuals, who otherwise would have remained untreated, turned to their county health departments for medication and regular blood pressure monitoring. Those patients made 25,819 visits to their health department clinics during the year.

Besides saving lives, treatment of hypertension is cost-effective for society.

The annual per-patient cost of treating hypertensive individuals through Alabama's public health system averages $150, which includes about $12 for the medication. Based on that annual expense, treatment over a 20-year period would cost an estimated $3,000, compared to a $25,000 to $30,000 estimated cost to taxpayers to provide care to an indigent person who is disabled by a heart attack or stroke — either of which is highly likely to occur during a 20-year period, if hypertension remains uncontrolled.

In 1989, hypertension services became available in nine additional Alabama counties, bringing to 51 the number of counties providing such health care and increasing the number of patients served from 4,961 in 1988 to 6,912, or 3 percent of the indigent in need. Though seemingly a small percentage, Alabama was one of only six states offering a hypertension program at all through public health.

In Alabama, the highest participation in 1989 in a single county hypertension program was in Dallas County, where about 1,000 patients were served.

# Breaking Out

## *Immunization efforts keep measles in check*

Up until April of 1989, measles were not a cause of concern for state public health officials. Measles were rare in Alabama, with only nine cases of the contagious disease having been reported between 1984 and 1988.

But then came word from Auburn University that two students were suffering from fever, coughs, runny noses and suspicious-looking rashes — the same symptoms a fraternity brother had experienced two weeks before, and the same symptoms that are classic signs of the measles.

Once the three cases were clinically confirmed as measles, public health waged an intensive campaign to contain the disease. The state and Lee County health departments, in cooperation with university officials, spread word that students and faculty who were born after 1956 and had been vaccinated against the measles before 1980 should be revaccinated as recommended by the Centers for Disease Control in Atlanta.

During the following week, public health nurses and other employees logged hundreds of extra manhours to administer more than 20,000 doses of measles vaccine to Auburn students and other susceptible individuals in Lee County and around the state.

Although expensive — the health department's cost for this outbreak topped $400,000 — the mass immunization approach worked. By mid-June, the Auburn epidemic was declared officially over and had been limited to 36 cases.

The end of the Auburn epidemic was not the end of measles in Alabama. Outbreaks continued throughout the year, with public health giving an additional 4,300 doses of vaccine specifically for outbreak control. Populations targeted for mass immunization in Alabama included a migrant camp, eight schools within four school systems, two textile mills and five hospitals.

Despite the outbreaks, the health department's containment efforts held Alabama's total number of measles cases in calendar year 1989 to 61; no measles-related deaths were reported. Nationally, a total of 16,421 measles cases were reported from Jan. 1 through Dec. 31, with 42 of those cases resulting in death.

In Alabama, 1989 ended with State Committee of Public Health approval of proposed legislation requiring measles revaccination for all students entering any college or university in Alabama.

officials fear
more measles
Health officials hope measles are contained
Measles may surfa elsewhe
les suspected in 2 youths, woman
Measles immunization program is 'working'

**HEADLINE NEWS—The Auburn University measles epidemic focused public attention on the importance of immunization. The high cost of mass immunization for an entire college campus led state health officals to propose vaccination requirements for college students, so future outbreaks could be prevented.**

♦ ♦ ♦ ♦ ♦

Though the immunization spotlight was on measles in 1989, the year also brought:

- A new requirement for all day care enrollees 18 months through 59 months of age to be vaccinated against potentially deadly *Haemophilus influenzae* type b, or Hib, disease.
- A revision in the state's childhood immunization schedule to require DTP (diphtheria, tetanus, pertussis) and polio vaccine boosters for children entering kindergarten or first grade, followed by a Td (tetanus, diphtheria) booster 10 years later.
- The administration of a total of 461,902 doses of vaccine to children and adults through the public health system.

♦ ♦ ♦ ♦ ♦

# Quality goal in home health program

As hospital stays grow shorter and the elderly population grows larger, the demand for quality home health care is increasing.

The Alabama Department of Public Health's home health program took a giant step toward assurance of quality of care in 1989, when the program's 300 homemakers and home health aides completed a comprehensive training program.

The program, developed by the Foundation for Hospice and Homecare in Washington, D.C., included 60 hours of classroom work and 15 hours of bedside experience. Alabama was one of three states participating in the trial run of the program, scheduled to be implemented as the national standardized approach to the training of homemakers and home health aides.

In fiscal year 1989, the 250 public health nurses involved in home health care served 12,156 patients — a record number of patients and a 17.5 percent increase over the 10,028 patients the same number of nurses served in 1988. In-home nursing visits totalled 451,675 in 1989, a 22.8 percent increase over 1988.

As was true with the nursing staff, productivity was also the hallmark of home health aides in 1989. The department's corps of aides made 314,258 home visits, a 24.03 percent increase over the 238,759 visits in 1988.

In-home health care services are available in every county except Madison through local county health department home health agency subunits. Services are provided through the Medicare-Medicaid certified agencies to patients who have been referred and whose private physicians have given orders for home care to be rendered.

In addition to patients served through the home health program, the Division of Long-Term Care and Rehabilitative Services helped give hundreds of other Alabamians an alternative to nursing home admission through its community-based waiver program. A total of 196,615 visits were made to provide personal care, homemaker and respite care services through the waiver program in 1989, up from 127,943 visits in 1988.

In the program, the health department contracts with the Department of Human Resources to provide in-home support services to individuals who do not typically qualify for home health through Medicare or Medicaid but who, with such services provided, can avoid or delay institutionalization.

In 1989, the number of counties participating in the waiver program increased from 56 to 59. Billing for services provided to waiver patients totalled $4.6 million. More than 15,255 supervisory visits made to help ensure quality care were not reimbursed by Medicaid.

In addition to making support services available to patients, the waiver program benefitted local job markets throughout the state by employing 575 women as homemakers.

Also in fiscal year 1989, the Division of Long-Term Care and Rehabilitative Services:

- Continued its quality assurance program, making 149 in-home visits with nurses and aides in 14 counties.
- Developed Options, a program allowing Medicaid-ineligible individuals to pay for personal care and homemaker services.
- Through its social services component, worked with Medicaid to establish case management services and ensure care for AIDS and HIV-infected patients who are eligible for Medicaid.
- Provided technical support and assistance as local Alzheimer's Disease support groups organized on a statewide level.
- Answered about 400 calls for information or of referral on a 24-hour home health phone line.
- Began marketing the department's home health services to all insurance companies that provide home health coverage for customers or employees.

**HELPING KEEP FAMILIES TOGETHER — Home health patients are happy with the quality of care provided by public health nurses and aides, according to survey responses. In a questionnaire developed as part of the Division of Long-Term Care and Rehabilitative Services' quality assurance efforts, health department home health patients gave highly favorable marks to the program which, for many, helps delay entry into a nursing home.**

—Photo courtesy of *The Birmingham News*

# *Branch works to ensure quality diabetic care*

In Alabama, there are approximately 125,000 diagnosed diabetics and about that many estimated undiagnosed victims. And these numbers are expected to grow along with the constantly increasing number of citizens over 65.

To minimize the costly complications that often result from lack of patient knowledge about this disease, the Diabetes Branch is working to develop a statewide diabetic education program targeting professionals and lay persons. The program seeks to improve the availability of quality diabetic care for Alabamians.

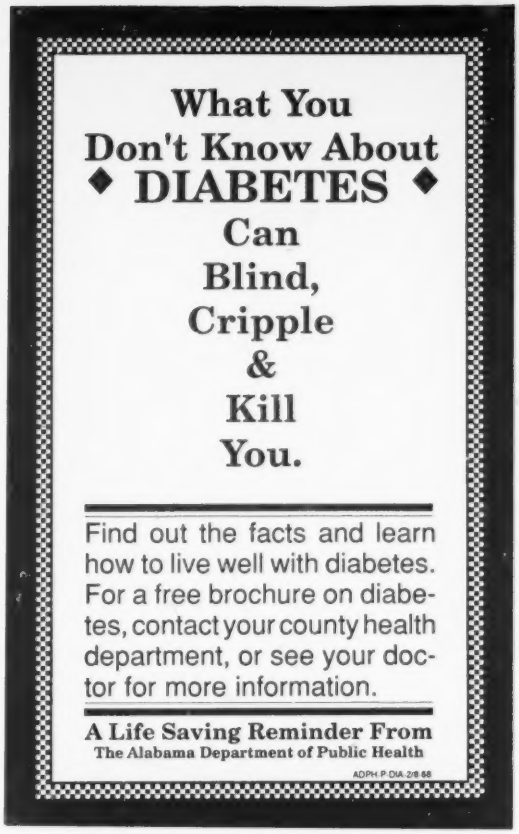
Pilot programs are under way in Mobile and Jefferson counties, thanks to federal grant money the branch has succeeded in obtaining annually for the past four years. Houston County began a special project for 1989-90 utilizing local resources.

During fiscal year '89 Mobile and Jefferson counties reported a combined total of 350 patients enrolled in their eye disease prevention programs, with 293 receiving an eye exam, 186 identified with treatable eye condition, and 86 receiving treatment for eye condition.

Co-existing diabetes/hypertension patients numbered 392, with 183 of these diagnosed and treated for hypertension.

A total of 520 patients were enrolled in the lower extremity amputation prevention programs, with all receiving instruction on foot examination and care.

Diabetes Branch education projects included production and statewide distribution of a public service announcement; health fair and community group presentations; and organization of professional seminars.


What You
Don't Know About
◆ DIABETES ◆
Can
Blind,
Cripple
&
Kill
You.
Find out the facts and learn how to live well with diabetes. For a free brochure on diabetes, contact your county health department, or see your doctor for more information.
A Life Saving Reminder From
The Alabama Department of Public Health
ADPH P DIA 2/8 88

**AN ATTENTION-GETTER — A poster with a "first you've got to get their attention" premise was produced and distributed, along with a brochure on preventing diabetic complications, to several hundred Alabamians through the Diabetes Branch and the Office of Health Promotion and Information.**

# State's rabies epidemic is fact, not fiction

It was "Old Yeller" all over again. Only this time, the dog's name was Hot Shot; and this time, the story was true.

On a muggy south Alabama afternoon in the summer of 1989, Hot Shot tangled with a fox that wandered into the yard. The dog's owner found and shot the fox, and a local veterinarian sent the specimen to the Bureau of Clinical Laboratories for testing. The results were positive: The fox had rabies.

The dog's owner wasn't sure just how many years it had been since Hot Shot last had a rabies shot. He had little choice. He made the painful decision to have his loyal, loving mutt humanely destroyed. Fortunately, there was no human exposure.

Lack of compliance with Alabama's law requiring annual vaccination of pets and livestock against rabies occurs despite active county rabies immunization programs and public education efforts, and despite the growing number of rabies cases in the state — a figure that has steadily increased since the 1970s.

From January through December 1989, the number of rabies cases confirmed in animals in Alabama rose 23.4 percent over 1988, from 94 cases to 116 cases. Of those, five were in dogs and four were in cats; the remainder involved raccoons, bats and other wild animals. Two of the confirmed wildlife cases were in fox squirrels — the first such cases reported in the state and a cause of concern to public health officials that a new species of animal had been infected in the wildlife population. *(continued)*

***Rabies (continued)***

The higher the incidence of rabies in wildlife, the greater the risk to domestic animals, who act as a buffer between wildlife and humans. Of the estimated 1.4 million dogs and cats in Alabama, about 508,000, or 36 percent, received rabies immunizations in 1989.

The majority of confirmed rabies cases in 1989 were in the southeast quadrant of the state. Houston County reported the largest number of positives, including 22 raccoons, two dogs, one fox and one bat.

Also during the year:

- 108 humans were treated for rabies exposure, primarily as a result of handling wild animals.
- Another 59 individuals concerned about possible exposure to rabies safely decided to forego the expensive treatment after their physicians consulted with the department's Zoonotic Diseases Branch.
- 41 individuals considered at increased risk of encountering rabid animals received pre-exposure treatment.
- 3,095 specimens were submitted to the Bureau of Clinical Laboratories for rabies testing during the fiscal year, with positives being reported on 25 percent of the raccoon specimens and 10 percent of the bat specimens.
- The laboratories, due to funding cuts, discontinued weekend rabies testing, except in cases of high probability of human exposure.
- The Zoonotic Diseases 24-hour hotline continued to provide consultation services to physicians, hospitals and the public concerning rabies and other diseases, such as brucellosis, histoplasmosis, psittacosis, leptospirosis and other animal diseases that are transmissable to humans.

# *Prevention key factor in lowering TB incidence*

An intensive effort to identify hundreds of people exposed to tuberculosis bacteria and place them on preventive therapy was largely responsible for a record-setting low number of new TB cases reported in Alabama in calendar year 1989.

A total of 464 cases were reported to health officials in 1989, a 11.5 percent decline from the 524 new TB cases in 1988 and a 26 percent decline from the 644 cases reported a decade earlier, in 1979.

Epidemiological followup of each new case reported resulted in 897 individuals being placed on medications to prevent them from developing the contagious disease.

In addition to preventive therapy, Alabama's declining TB rate could also be attributed to growing participation in the Directly Observed Therapy program implemented in 1988. As the name implies, the program involves TB patients taking their medication in the presence of a public health nurse or TB field representative. By the end of 1989, 74 percent of the patients being treated through county health department clinics were on the DOT program.

**"Everybody tends to think TB is a disease that's not with us anymore. But, excluding AIDS, of all the communicable diseases that are reported nationally and in Alabama, TB results in more deaths than all the others combined. If you don't take care of TB, it can kill you."**

**— State Tuberculosis Control Official**

Also in 1989:

- Fewer TB patients were hospitalized than in 1988. A total of 99 TB patients were confined to the 46 beds contracted by the Alabama Department of Public Health, compared to 117 patients in 1988. The average length of stay increased slightly in 1989, from 13.7 days in 1988 to 14.5 days.
- An "Elimination Committee," comprised of physicians, public health representatives and others concerned with TB, was established as part of the Centers for Disease Control's strategic plan to wipe out TB nationally by the year 2010.

# Task force proposes remedies for rural health care ailments

State and local dignitaries were on hand for the grand opening of the west Alabama community's newest industry, but the one person treated most like a guest of honor that day was a young woman attending the ribbon-cutting celebration.

She was the wife of a physician who had pledged to establish his medical practice in the small town as soon as he completed his internship.

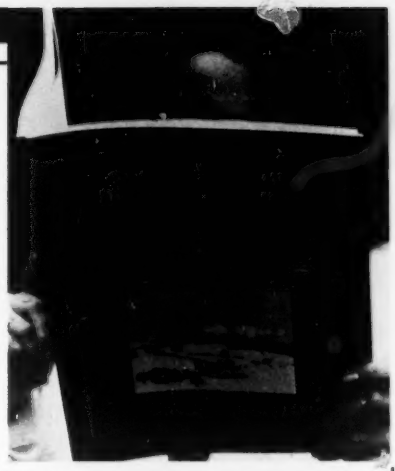
To residents of a community where medical manpower was all but nonexistent, there was no going "too far" in making the woman feel at home.

More than likely, she would have been just as eagerly welcomed in any number of other rural Alabama communities where, throughout the 1980s, essential medical services declined to an alarming degree. Physician shortages and closures, or potential closures, of rural hospitals threatened to leave thousands of Alabamians without timely access to adequate health care.

The critical condition of the rural health care system prompted the Legislature in early 1989 to create a special task force charged with finding solutions to reverse the decline.

Dr. Earl Fox, state health officer, was chairman of the 46-member group. Numerous other health department personnel served as support staff to the task force committees as they studied ways to help rural hospitals improve their financial status, find alternate uses for empty beds and learn new management techniques, as well as ways to encourage more physicians to locate in rural, underserved areas of the state.

An $85 million Medicaid expansion headlined the 20 recommendations the task force presented to the Legislature. Other major recommendations called for malpractice insurance premium subsidies for physicians providing obstetrical services in underserved areas; regulation changes that would allow hospitals to provide transitional care, domiciliary care and/or respite care; and the development of a strategic plan for Alabama's system of health care.



**FINAL REPORT — The Rural Health Task Force — which included representatives of governmental agencies, health care providers' associations, political and advocacy groups, private businesses and the insurance industry — presented its recommendations to the Legislature in December. The final report was edited and produced by the Office of Health Promotion and Information.**

# New, existing programs improve access to care

Increasing requests for technical assistance from struggling rural hospitals and from small communities threatened by the loss of access to health care led the Alabama Department of Public Health in 1989 to establish the Rural Health Care Program, a statewide project within the Bureau of Environmental and Health Service Standards.

Through the program, the department can help rural communities and rural health care facilities evaluate their needs and identify barriers to efficient health care delivery.

Based on that information, the department then is available to provide technical assistance, information and referral and to help link rural communities or hospitals facing health care crises with the appropriate agencies — all with the goal of making health care accessible to rural residents.

Another program that helps ensure access to quality primary care for medically underserved populations is the Alabama Primary Care Cooperative Agreement, a tri-party compact between the state health department, the Alabama Primary Health Care Association and the federal Public Health Service.

The health department's Primary Health Care Services Section in the Bureau of Family Health Services administers the agreement, which in 1989 continued its focus toward identifying and maintaining a network of primary care providers for medically underserved and at-risk populations in rural and urban areas; channeling those populations into established primary care delivery systems; and facilitating coordination of resources to maximize federal and state dollars available to fund primary care services.

*(continued)*

***Rural health (continued)***

In 1989, the Primary Health Care Services Section provided support to physicians who work in the 14 federally funded community health centers serving Alabama's in-need populations by:

- Initiating a quarterly clinical forum for the community health centers' medical directors;
- Securing one-time federal funding to provide advanced cardiac life support training;
- Arranging training sessions on the effective outpatient management of patients infected with the AIDS-causing Human Immunodeficiency Virus.

In addition to working toward increased availability of health care to Alabama's rural residents, the Primary Health Care Services Section also identified resources to meet the health care needs of other underserved populations in the state, including the homeless, the elderly, HIV-infected individuals and substance abusers.

To help address the state's shortage of health care professionals willing to serve these segments of the population, the section in 1989 initiated development of a physician recruitment package, intended to include materials that promote Alabama and provide information about the state's health care needs.

# Section helps arm Alabamians with fluoride protection

*Half of America's 43 million school-aged children have never had a cavity, according to a federal study released in 1989. Tooth decay, a childhood plague as recently as a generation ago, is declining about 35 percent every seven years — a trend that is directly related to an increased exposure to fluoride in toothpastes, mouthwashes and city water supplies throughout the nation.*

In 1989, residents of four Alabama towns and children in 21 school systems were added to the list of Alabamians equipped with fluoride protection.

Through financial and technical support from the state health department's Dental Health Section, the communities of Loxley, Smiths, Brent and Marion incorporated fluoridation equipment into their water systems. Largely as a result of the section's efforts in the past, all Alabama cities with populations of 10,000 or more have fluoridated water systems.

The school-based fluoride mouth rinse program, supervised and coordinated by school nurses and other health volunteers, involved kindergarten through sixth-grade students who live in non-fluoridated communities rinsing with a fluoride solution on a regular basis.

The critical role preventive measures play in keeping teeth healthy was made evident in a survey the Dental Health Section conducted in conjunction with the University of Alabama School of Dentistry. The survey, to determine the dental needs of the homebound elderly, involved dental examinations on about 1,000 Alabamians. Results pointed to considerable deficiencies in dental care for that group of aging residents. Plans called for the information collected to be used to apply for a federal grant for funding services to this population group in the future.

**FIGHTING DENTAL DECAY — The health department's Dental Health employees put hundreds of miles on the "Smilemobile" van as they traveled through the state teaching youngsters the importance of brushing and flossing. Dental education programs were presented to more than 25,000 Alabama school children in 1989.**

Other activities conducted in 1989 to promote dental health included:

- Development of an oral health strategic plan for Alabama.
- Provision of clinical services for more than 50,000 patient visits through county health department dental clinics.
- Financial assistance to public health dental clinics in Dale County, in northwest Alabama and in the Auburn City School System, where services are provided to low-income students.
- Provision of technical assistance in setting up the Montgomery County Primary Care Dental Clinic.

# '89 perinatal pact boosts federal funds

The lack of available, affordable and accessible health care for low-income pregnant women and the babies to whom they give birth; poor nutritional habits among expectant mothers and young children; mistimed pregnancies; high rates of teenage pregnancy; and the nonexistence of critical perinatal services — these are the factors that most strongly contribute to Alabama's high infant death rate.

1988 infant mortality rates, released in 1989, showed Alabama was fourth among the states that lead the nation in excessive infant deaths, with a rate of 12.1 deaths per 1,000 live births.

Numerous initiatives were undertaken in 1989 to address the contributing factors. The initiative with the most widespread impact involved an innovative plan developed by the health department and the Alabama Medicaid Agency. Under the plan, the health department transferred $2.3 million, which it had budgeted for perinatal projects, to Medicaid, where matching federal funds brought an additional $6.2 million into the state. The increased dollars were earmarked to improve maternal and child health care in Alabama by:

- Increasing the global fee physicians receive for prenatal care and delivery from $750 to $1,000;
- Increasing by 45 percent the fees pediatricians and neonatologists receive for caring for critically ill newborns;
- Doubling the fee a pediatrician or neonatologist receives for attending a high-risk delivery, from $45 to $90;
- Providing two comprehensive developmental health assessments in the first year of life for babies who qualify;
- Providing funding for the existing perinatal projects which had been funded through the health department.

**WEIGHING THE BENEFITS — Regular prenatal checkups help ensure that a pregnant woman and her baby are as healthy as possible. In 1989, about 36 percent of public health's maternity patients began receiving prenatal care in the first three months of pregnancy.**

## *Maternity care takes 'holistic' approach with expansion into social services*

The health department added a new dimension to the care it provides women and children in 1989 when it created a social services program designed to meet patients' needs outside the physical realm.

The program had to be built from the ground up, beginning with the creation of a public health social worker job classification and development of a social work manual. By year's end, 19 new public health social workers had been hired, with the employment of 80 to 100 additional social workers scheduled for 1990.

Public health social workers play a vital role not only in the area of Family Health Services but also in the department's home health program.

In Family Health, the primary goal of the social workers is to assess maternity patients' needs, help link the patients with the agencies or organizations that can help address those needs, and, through case management, help keep pregnant women and children in the health care system. The addition of the social services component helped public health take a holistic approach to serving patients.

In fiscal year 1989, 77 percent of the low-income pregnant women in Alabama in need of maternity care were served through their county health department clinics.

The total 22,886 patients represented a 5.5 percent increase over 1988, when 21,601 patients — or 73 percent of the in-need maternity patients — were served through health department clinics.

A total of 8,305 health department maternity patients entered care in the first three months of pregnancy. More than half (12,181 patients) did not enter prenatal care until the second

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***Maternity care (continued)***

trimester of pregnancy; 2,400 did not begin receiving care through public health until the third trimester. Maternity patients averaged five visits in 1989.

The health department in 1989 also worked to help ensure healthier mothers and healthier babies by:

- Employing a perinatal epidemiologist to study preventable causes of infant mortality.
- Fully staffing the 13 perinatal coordinator positions funded through a Healthy Futures in Alabama grant from the Robert Wood Johnson Foundation. The coordinators worked to unify the state's maternity care system by identifying gaps within the system and pulling together resources to fill those gaps.
- Preparing a March of Dimes proposal seeking funds to educate providers in identifying pregnant substance abusers and to provide case management services to those identified.
- Launching a social marketing campaign that included input from women as to why they used, or did not use, health department maternity services.

## *Public/private venture gives 'the gift of life'*

A program that has made a difference in the quality of care provided to Montgomery-area pregnant women could be used statewide as an example of what can happen when the public and private sectors join hands in a project.

Gift of Life, which began operating in June 1988 through a non-profit foundation, provides prenatal, delivery and postpartum services to low-income women in Montgomery, Elmore, Autauga and Lowndes counties. In 1989, almost 1,800 babies were delivered through Gift of Life, the majority by certified nurse-midwives.

The most significant piece of data from Gift of Life involved prenatal care. Of the women who delivered through Gift of Life, 10 to 15 percent had received no prenatal care; before Gift of Life, about 85 percent of the low-income pregnant women whose babies were delivered in hospital emergency rooms had received no prenatal care.

Also before Gift of Life, Medicaid-eligible maternity patients averaged three or fewer prenatal visits; in 1989, the average number of prenatal visits reimbursed by Medicaid was nine.

In addition to the benefits to the area's mothers and babies, Gift of Life's success in its first year and a half helped lay a strong foundation for statewide acceptance of certified nurse-midwives as health care professionals and an awareness of the key role they could play in helping ease Alabama's critical medical manpower shortage.

# Planned pregnancies improve lives, health of mothers and babies

One key factor influencing how healthy a mother and her baby will be is the timing of a pregnancy.

A pregnancy that occurs during the formative teenage years, late in the child-bearing years, or too soon after another pregnancy increases the potential that either the mother or baby, or both, will suffer physical, social, emotional or mental consequences.

Contraceptives and other family planning services are available statewide through public health — not for the purpose of discouraging Alabama women from becoming pregnant, but to help reduce the risk of unintended pregnancy so that pregnancy can occur at an optimal time.

During the 1989 fiscal year, 88,311 Alabama men and women visited their county health departments' Family Planning clinics a total of 155,722 times for medical family planning services. Eighty-one percent of the individuals who sought family planning services opted for birth control in the form of oral contraceptives; 9 percent chose to use foam and condoms. Voluntary sterilization procedures were performed on 1 percent of those served — a low figure because of lack of funding.

Also during fiscal year 1989, family planning clinics:

- Screened 86,000 women of child-bearing age for breast and/or cervical cancer.
- Provided infertility counseling and referral to 71 clients.

# Record numbers receive healthy WIC foods

Major outreach efforts on the county and state levels helped boost the monthly number of low-income women, infants and children receiving free nutritious foods through Alabama's WIC program to a record 96,715 by the end of the 1989 fiscal year in October.

Funding the larger caseload of participants was $10.9 million Alabama's Special Supplemental Food Program for Women, Infants and Children saved as a result of an infant formula rebate program implemented in August 1988. Prior to the rebate, the WIC caseload had averaged 80,000 participants monthly.

The outreach initiatives which sparked the program's 1989 growth ranged from a statewide media blitz, which advertised WIC via billboards, radio, television and newspapers, to the distribution in WIC clinics of about 80,000 pencils bearing the message, "WIC Helps . . . Tell a Friend."

W I C
NUTRITIOUS FOODS FOR WOMEN AND YOUNG CHILDREN ON A LIMITED INCOME.
FOR INFORMATION CALL THE COUNTY HEALTH DEPARTMENT.

**WIC WORKS — A 12-minute video, "WIC in Alabama," was produced by WIC and the Office of Health Promotion and Information as one of the program's outreach tools.**

In the midst of WIC's 1989 caseload increases, a major administrative change occurred in the program. The health department entered a cooperative venture with First Alabama Bank, the State Finance Department and the state treasurer's office to streamline the method of reimbursing the 950 retail grocers statewide who provide food to WIC participants.

Under the new system, the food vouchers which had been given to WIC participants since the program began in Alabama in 1974 were replaced by negotiable food instruments, or food checks, which retailers could deposit directly at their local banks just as they do personal checks. This eliminated the several weeks' delay in reimbursement that resulted with food vouchers, which had to be processed through the state system.

An average of 24 percent of the WIC participants in 1989 were pregnant, breastfeeding or postpartum women; 32 percent were infants; and 44 percent were 1- to 5-year-olds.

## *Going where the children are*

As the story goes, when someone asked Willie Sutton why he robbed banks, the notorious safe-cracker replied, "Because that's where the money is."

Since one of the state health department's major objectives is to serve Alabama's children, it makes sense that a focus would be on the day care setting: "Because that's where the children are."

In Alabama, more than 60,000 infants and children — one out of every five pre-schoolers — are enrolled in licensed day care centers and homes.

In 1989, the health department was awarded a three-year federal grant to develop a health and safety curriculum for day care personnel, as well as for children in day care and their parents.

Plans call for the curriculum to run the gamut of child health and safety issues — from how parents and day care workers can identify the first pock in chickenpox to how children can avoid playground injuries.

# Early screening means healthier youngsters

Regular medical screenings in the early years of life play an important role in the health of Alabama's children. Through regular checkups and through testing early in life, problems or potential problems which otherwise would have remained undiagnosed and untreated can be detected before they become serious.

In Alabama in fiscal year 1989, 41,498 infants and toddlers received preventive medical checkups through their county health departments' Early Periodic Screening, Diagnosis and Treatment programs for Medicaid-eligible children.

That total represents 35 percent of children eligible for EPSDT visits, down from the 39 percent of eligibles screened in 1988, but significantly higher than 1987, when 27 percent of eligibles were screened.

In addition to the EPSDT participants, 67,087 non-Medicaid eligible chidren under 2 received well-child health care services in health department clinics throughout the state in 1989.

Under Alabama's newborn screening program, certain potentially fatal diseases can be detected shortly after birth and, with the implementation of drug therapy, infant victims of the diseases can have the

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***Child health (continued)***

chance for productive lives.

The mandated screening program calls for every baby born in Alabama to be tested for phenylketonuria, or PKU; hypothyroidism; and hemoglobinopathies.

That latter category screens for more than 400 different abnormalities of the hemoglobin, of which sickle cell is the most common. Of the approximately 60,000 newborns tested in calendar year 1989, 58 tested positive for sickle cell disease; 1,710 tested positive for sickle cell trait.

Through the hemoglobinopathies screening program's followup component, all the infants identified with sickle cell disease were supplied with penicillin which, if administered to them regularly, significantly improves their chances of surviving childhood. The addition of the infants identified in 1989 brought to 91 the total number of babies testing positive since hemoglobinopathies were added to the screening program in 1988.

While hemoglobinopathies testing is conducted on cord blood samples, testing for PKU and hypothyroidism uses blood samples which, for greatest accuracy, should not be drawn before a baby is 48 hours old. A trend in 1989 toward early hospital discharge of mothers and their newborns, however, prompted the health department to institute a supplemental test to be performed on early-discharged infants who are taken to their county health department clinics for 2-week checkups.

The new department policy was based on recommendations of the American Academy of Pediatrics and the American Thyroid Association.

# Pregnancy prevention messages target teens

Almost half of the 4,000 13- to 16-year-old Alabama students questioned in a survey in the late 1980s said they had had at least one sexual experience. Of those sexually active teens, only about one-third said they used birth control.

That high rate of unprotected sex among teens is clearly reflected in the state's birth statistics: Of the approximately 60,000 births annually in Alabama, a consistent trend of 15 to 17 percent are to teenagers.

Teenage pregnancy is a costly problem — for the teens themselves, for their children and for society.

Babies born to teen mothers are less likely to survive through their first year of life. Of the 735 babies who died before their first birthday in 1988, one-fourth of those had teenage mothers.

Those who do survive are more likely to have serious health problems which require extensive medical care. And, because teen mothers are more likely to be unemployed and on welfare rolls due to lack of education and job skills, society winds up paying these babies' enormous health care bills.

To address the critical teen pregnancy problem, the health department in 1989 led the way in the development of several major initiatives.

**UNDER THE HEALTH** department's leadership, experts in maternal and child health, health education, nursing and social work produced a comprehensive strategic plan for battling the problems of early sexual activity and pregnancy among the state's teen population.

The strategic plan called for coordination of efforts among state departments of health, education, human resources and Medicaid; other agencies and organizations, such as the Alabama Cooperative Extension Service and state and local parent-teacher associations; and universities throughout the state.

**IN ANOTHER INITIATIVE,** made possible through a grant from the U.S. Department of Health and Human Service's Office of Adolescent Pregnancy Programs, the department developed the educational program "Respect Yourself." The program, targeted toward sixth- and seventh-graders, was designed to teach responsible decision-making skills and to promote sexual abstinence. It included a complementary educational program for participants' parents.

In its pilot year, "Respect Yourself" was presented to more than 1,200 Alabama pre-teens. Plans called for the program to be presented to about 5,000 additional students in 12 counties during fiscal year 1990.

**TO HELP IMPACT** on teen pregnancy, the department also:

- Played a key role in the reorganization of a statewide coalition called the Alabama Council on Adolescent Pregnancy.
- Was awarded a $60,000 Title XX grant from DHHS to produce a second teen pregnancy public service announcement to be shown in movie theaters. The first such PSA promoting teen sexual abstinence debuted in theaters statewide in 1988. Five states purchased that PSA in 1989; 16 others inquired about its use.

# Program helps older citizens find care

The over-60 population is the fastest growing age group in Alabama, with persons over 80 the most rapidly increasing segment.

To help this physically and economically vulnerable segment of Alabamians, the health department began Elder Care Options, a service that provides information on quality health care facilities and programs; types and costs of care; and consumer rights. The service includes investigation of complaints.

During 1989, Elder Care logged over 1,100 calls to its toll-free number, which is answered by the Division of Licensure and Certification. The proportionately low number of complaints — 249, compared to 857 calls for information—provided another good indication that most Alabama health care facilities are meeting the needs of the elderly.

**While many people are familiar with the types and costs of child care, most are unaware of the services available for aging family members. Elder Care Options, a service provided by the Division of Licensure and Certification, helps people find quality care that fits their needs and their budget.**

## OBRA '87 assures quality services to the elderly

Through the coordinated efforts of the Division of Licensure and Certification, industry association groups and other state agencies, the mandates of OBRA '87 were implemented in 1989. Programs initiated to assure the provision of quality care to older citizens included screening of admissions, training and registering of nurse aides, and establishing abuse registers.

The Division of Licensure and Certification performed hundreds of other activities during calendar year 1989 to assure quality standards were being maintained in Alabama health care facilities, including:

- Conducting training for the Alabama Nursing Home Association on OBRA '87 standards and the new state rules effecting nursing homes.
- Issuing 700 licenses to health care providers, with beds totalling 47,016.
- Issuing 792 Medicare/ Medicaid certifications, with beds totalling 43,814.
- Recording a continuing increase in domiciliaries, from 146 to 158.
- Performing 790 licensure inspections, 562 certification surveys, 854 follow-up reviews and 778 complaint investigations.

## Hearing aid consumer protection strengthened

Thousands of people in Alabama need to use hearing aids, and with the rapid growth in our over-65 population, an increase in the number of hearing device users is inevitable.

Review of the 1975 hearing aid dealers licensure law by the Sunset Committee of the Alabama Legislature, the health department, and members of the hearing aid industry indicated a need to revise the law to reflect current business standards and to enable the State Board to respond promptly to consumer complaints.

The 1989 revision authorizes the health department to handle consumer complaints and disciplinary matters on a daily basis with the board acting in an advisory capacity, rather than having complaints addressed at biannual meetings of the Hearing Aid Dealer Board.

Other changes include adding a consumer member to the board, phasing out the provision for temporary permits, updating current applicant examination procedures, requiring evidence of continuing education by dealers, establishing minimum business standards, and requiring a physician's examination for persons under age 18 before they are fitted with hearing aids.

Rules were drafted to enforce the revised statute, and public hearings on these rules were set for early 1990, with adoption anticipated in the spring.

In calendar year 1989, 139 regular hearing aid dealer licenses and 89 temporary permits were issued. Of the applicants for licensure, 18 passed the examination and 16 failed.

# New EMS standards improve "golden hour" survival chances

Survival in two of the leading causes of death—heart disease and injury—is highly dependent on prompt and appropriate medical care. Treatment during the first hour is so critical to survival, this time period is referred to as the "Golden Hour."

At this important time, it is not usually the family doctor who is by the patient's side. Most often it is an emergency medical technician (EMT).

**"I awoke and was shocked to find two strangers and my husband standing over me. Then I realized that these two strangers were EMTs, and they had just saved my life."**
**—Patient account of being helped by emergency medical personnel**

During 1989, the State Committee of Public Health adopted new policies to keep emergency medical services (EMS) in line with current industry standards to assure EMS personnel in Alabama are proficient in the delivery of emergency care. These new policies included:

- Requiring EMTs-paramedics to meet more stringent continuing education and licensure testing requirements.
- Requiring initial training programs for EMTs-paramedics to achieve and maintain American Medical Association accreditation (currently three of Alabama's eight programs have such accreditation).
- Establishing standing orders for basic lifesaving techniques (except medications) that approved EMTs can utilize until a physician is available to give orders.
- Initiating stricter requirements for storage, security and use of advanced life support fluids, medications and controlled substances.
- Implementing statewide uniform pre-hospital treatment guidelines and EMS run reports to assure more uniform EMS performance, records and evaluation criteria.
- Developing plans for a statewide trauma care system that assures rapid delivery of EMS patients to the nearest appropriate emergency trauma care facility.

Other 1989 EMS Division activities included inspecting and licensing 145 ambulance services and 451 ambulance vehicles; revoking six licenses for failure to meet minimum standards; testing 2,490 EMT licensure candidates and issuing 2,375 EMT licenses; revoking 643 EMT licenses for failure to maintain competency through required continuing education; reviewing and approving 683 EMT continuing education courses; providing technical assistance to six regional EMS systems; and conducting a study of semiautomatic defibrillation devices.

## Public health consumer hotline opened

*"The service - the flu shots - were appreciated. Us old folks deserve pampering some." - Public health patient consumer comment*

As an agency with regulatory responsibilities, the health department knows well the value to both management and consumers of offering people a means for making comments on product and service quality.

In 1989, the department initiated its own public comment program. The Office of Health Promotion and Information (OHPI) produced and distributed to all county health departments materials advertising the program. Staff in the Division of Licensure and Certification answer the comment line, and comment cards are collected by OHPI and routed to appropriate personnel.

During the program's first four months of operation, 268 of the 380 comments received were complimentary of the services provided (70.5 percent), and 112 were critical (29.5 percent). The majority of complaints focused on staffing shortages which resulted in lengthy waiting periods for patients and on the need for facility improvements, such as improving patient privacy and expanding parking areas.

# The stories behind the statistics

*Public health environmentalists performed thousands of regulatory activities in 1989 for the Division of Food and Lodging Protection to assure the sanitary conditions Alabamians have come to expect in their public food supplies and lodging are maintained.*

*Following are some statistics on these activities, along with a few examples of what happens when regulations are not met. These stories serve as important reminders of the need for regulatory vigilance and ongoing education of the public and industry personnel to prevent illness from failures to meet health standards.*

## NOT FIT FOR MAN TO FEAST

A Wilcox County man knew his life was in jeopardy when he saw people crying as they loaded him into a medical evacuation helicopter that would fly him to Minnesota for medical treatment. There he would undergo a liver transplant due to complications from an infection caused by his having eaten raw oysters contaminated with the bacterium *Vibrio vulnificus*. He survived, but was left facing a hospital bill of $450,000.

Another man, who became ill from eating raw oysters in Florida containing the *V. vulnificus* organism, was not so lucky. An Alabama hospital recorded his death, which occurred even though doctors had taken extensive measures to stop the spreading infection, including amputation of the man's legs.

Fortunately, cases like these are kept to a minimum thanks to the Seafood Branch's work to prevent illness due to contaminated seafood. These activities in fiscal year 1989 included:

- Beginning a study in conjunction with the FDA and other state agencies to determine the levels of *V. vulnificus* in market shellfish from states bordering the Gulf of Mexico.
- Working with Sea Grant, Auburn University and the Department of Conservation on possible development of pond-raised oyster projects.
- Creating data base files to study crab and oyster meat sample results.
- Conducting numerous studies and surveys with the FDA and other state agencies as well as conducting Medicaid laboratory certification and funding surveys.
- Issuing the state's first oyster repacking permit.
- Performing oyster regulatory activities including 271 plant inspections, 202 field visits and 80 samplings.
- Performing crab meat regulatory activities including 109 plant inspections, 153 field visits and 105 samplings.
- Collecting 66 bay water and 158 private water samples.

*"As a full-time working wife and mother I do not always have time to cook. As a result we dine out very often. I would love the comfort of knowing that the food my family is eating (the same food I am paying hard-earned money for) has been prepared and stored under sanitary conditions."*—Letter to an Alabama newspaper by a woman requesting that restaurant ratings be run in the paper

## NOT SO BON APPETIT

It was a typical day in the life of environmentalist Donald Bain at the Etowah County Health Department when two people called on March 23, 1989, asking if it were safe to eat chicken that smelled like diesel fuel.

Bain's investigation revealed that the meat came from chickens which passers-by had removed from a wrecked truck. With the media's help, he warned the public not to eat the foul fowl and to turn them into the health department.

The next day 374 pounds of chickens were returned and destroyed.

Other fiscal year 1989 Food Branch activities included:

- Conducting 30,720 inspections of food service establishments, 8,173 of school food services, 1,511 of summer feeding sites, 39,642 of temporary food services, and 4,191 of retail food stores.
- Collecting 11,985 retail frozen dessert samples.

## MILK CONSUMERS HAVE NOTHING TO MOO ABOUT

When it comes to the protection of Alabama's milk supply, consumers have been able to count on the State Milk Program for technical and educational assistance to the milk industry and continuous quality surveillance.

In the past few years, agricultural and health officials have become concerned about contamination

of milk by aflatoxin. Aflatoxin is a fungus which grows on feed grain and multiplies rapidly when the temperature is above 50 degrees and there is high moisture within the grain.

Passed along the food chain to milk buyers, aflatoxin can produce carcinogenic effects in humans if consumed in high levels over long periods of time.

To reduce exposure of Alabamians to aflatoxin, a state sampling program was initiated in 1989 to see that all state and imported milk is sampled and/or monitored for aflatoxin.

Other fiscal year 1989 Milk Branch activities included:

- Conducting 1,616 inspections of Grade A dairy farms; collecting 4,429 raw milk samples from various bulk tanks; and performing 405 milk production permitting and testing activities.
- Conducting 199 milk and milk product processing plant inspections, collecting 2,893 milk and milk product samples, analyzing 294 raw milk samples for aflatoxin, and performing 461 permitting and testing activities involving milk and milk product processing.
- Collecting 413 water samples from dairy facilities, conducting 114 inspections of distribution stations and vehicles and abnormal milk supplies, conducting 27 milk sanitation surveys, reviewing 25 dairy facility construction and remodeling plans, and issuing 106 legal notices for regulation violations.

## THE 'I DON'T WANT TO KNOW' DEPARTMENT

Health department environmentalists work hard to protect the consumer from things they'd prefer not to know about.

In the fall of 1989, the Division of Food and Lodging Protection responded to south Alabamians' complaints about insects in corn food products from the area.

Most people don't realize a minimal number of insect body parts — which are inevitable around anything edible — are allowed in food products, under FDA and state regulations. Anything over the threshold amount of insect materials in a food sample is considered a violation of health standards.

The health department investigated the consumers' complaints in south Alabama and had the food processing facility responsible literally clean up its act.

Other fiscal 1989 food processing regulatory activities included conducting 193 inspections under the FDA contract and achieving over 100 percent contract compliance. At the local level, 1,100 inspections were performed and 275 food processing establishments were permitted.

## DON'T LET THE BEDBUGS BITE

Three days after staying at a reputable motel during a November 1989 business trip, a woman found raised bumps around her ankles, which her doctor diagnosed as scabies.

Scabies are itch mites that can be transmitted from person to person through materials such as bed linens. While shocked over the incident, the woman managed to keep her sense of humor, noting in her complaint that her wearing socks to bed explained "why the mighty mites attacked me around my ankles."

A local health department environmentalist confirmed the motel as the source of the mites and had the problem cleared up.

Other fiscal year 1989 Lodging Branch activities included:

- Initiating a hotel/motel survey in PHA 1.
- Surveying 29 state prisons and inspecting three new state prisons under construction.
- Beginning research into swimming pool and spa rules in other states in order to develop similar regulations for Alabama.

Since the 1987 decentralization of the Lodging Program, the counties inspect and keep records on all jails, hotels/motels, camps and prisons.

## GOOD PUBLIC SERVANTS AREN'T BORN

Great public health environmentalists aren't born. They're trained.

Not only do these professionals have to have a broad range of technical knowledge and a commitment to public service, they also have to know how to handle people in the course of performing their regulatory duties.

In 1989 environmentalists on inspections and complaint investigations reported being slapped, hit in the head with a stick of stove wood, hit from behind with a tree branch, knifed, and threatened with a gun.

In response, the Division of Food and Lodging Protection's Training Branch added a new component to its Basic Environmentalist Training Course (BETC). Called the "Complaint Response Procedure," it teaches staff how to classify and respond to complaints, how to handle themselves in dangerous situations, and how to leave those involved satisfied with the way in which department employees carry out the laws to protect the public's health.

In addition to providing training to staff throughout the year, the Training Branch offered six food safety presentations which were attended by a total of 825 people involved in food service.

# Radioactive spill cleanup earns NRC praise

The Division of Radiation Control's direction of a radioactive spill cleanup in an area about 25 miles southwest of Birmingham received praise from the Nuclear Regulatory Commission (NRC).

It all began on a day in May 1989, when a radioactive test probe being used by a private company to search for natural gas sources became stuck in a well near Helena.

In the attempt to recover the probe, the sealed source was ruptured. While no personnel received immediate exposure, radioactive material escaped through the well's discharge pipe and contaminated the well's discharge pond.

The company promptly notified the health department according to regulations. While assessments by the Division of Radiation Control revealed no immediate threat to the public's health due to the remote location of the site, the health department obtained a court order requiring the company to clean up the spill to prevent future problems from the contamination.

The Division of Radiation Control directed the removal of the 650 55-gallon drums of waste to a regulated disposal site in Barnwell, S.C. The cleanup took 12 weeks and cost $1 million, a cost which was shared by companies involved in the incident.

Other fiscal year 1989 Division of Radiation Control activities included:

- Performing 1,555 inspections of X-ray tubes at 791 facilities. Due to division understaffing and the continued increase of X-ray tube registration (an average of about 5.9 percent per year since 1978), 21 percent of the facilities remained overdue for inspection in 1989.
- Performing 141 inspections of 483 specific licenses for radioactive material control. Seven percent of facilities were overdue for inspection in 1989 due to inadequate division staffing.
- Issuing or amending 320 radioactive control licenses.
- Providing information on radon and assisting in monitoring its removal from public schools. Lack of regulations and funding prevented further protective action by the state.
- Conducting two emergency drills to assure the safety of communities in the vicinities of the Farley and Browns Ferry nuclear power plants in case of an event involving dangerous radioactive release.

**Radiation surrounds us through medical, industrial, and power plant usage and through natural sources, such as the decaying processes that produce radon. While many may argue exactly how much radiation exposure is dangerous, few would argue they personally would prefer as little exposure as possible.**

# When buildings get sick . . .

Air quality affects quality and length of life, and indoor air is no exception.

Sick building syndrome is a new name for a problem that's been rapidly accelerating in the past 20 years due to both the deterioration of old buildings and some of the energy conservation practices in new ones.

In 1989, requests for information on indoor air pollution continued to increase with the Indoor Air Quality Branch receiving approximately 1,000 calls for information during the year. In response, the branch increased its efforts to provide education to the public, school officials and building industry personnel through press releases and talks to civic and other groups.

**Sick building syndrome symptoms, which include fatigue, sinus congestion, headaches, and nausea, often result in a decrease in job and school performance. Sometimes the illnesses associated with indoor air pollution cause disablement and death, as in the case of gas leaks or Legionnaire's Disease.**

Calendar year 1989 Indoor Air Quality Branch activities included:

- Performing asbestos surveys in 94 school buildings and 50 public and private buildings.
- Performing asbestos clearance surveys after abatement work in five school buildings and nine public and private buildings.
- Investigating complaints of air contamination in 40 businesses and homes for formaldehyde and in 57 buildings for other indoor air gaseous contaminants.

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# Government/industry alliance benefits consumers, protects water

About 50 percent of Alabama homes rely on septic tanks for the disposal of wastewater. While these onsite sewage systems fill a big need, they also pose a large threat to the nearly 50 percent of Alabama drinking water which comes from groundwater. The Centers for Disease Control has cited improperly treated waste from septic tank systems as the most frequent source of groundwater contamination leading to outbreaks of such diseases as acute gastrointestinal illness, typhoid and hepatitis A.

During 1989 the Division of Community Environmental Health Protection (formerly the General Sanitation Branch) in conjunction with the Alabama Cooperative Extension Service initiated the first statewide Onsite Sewage Disposal Education Project.

A part of the department's strategic plan in onsite sewage, the project's purpose is to provide ongoing education to the public, government officials and industry personnel on the importance of proper sewage system installation and maintenance in order to prevent costly failures and health hazards.

**WASTE—OUT OF SIGHT, OUT OF MIND — but not out of reach. Unless properly disposed of, the bacteria and chemicals from our waste boomerangs back to us in our drinking water.**

Representatives from 19 government agencies and professional organizations involved with septic tank systems agreed to co-sponsor a statewide onsite sewage disposal conference in 1990.

The conference marks the first meeting among providers of septic tank services — from manufacturers and installers to home builders and lenders — to clarify points of responsibility. This interaction should result in better customer service and a decrease in malfunctioning systems and groundwater pollution.

Other calendar year 1989 onsite sewage activities included:

- Providing training through seven workshops in the voluntary certification program for septic tank installers. In the program's first year of operation, approximately 240 of the installers and other industry personnel in the 15 counties where the program has been implemented have taken the training. Of those trained, 49 have been certified. Plans called for the program to be expanded in 1990.
- Recommending two major state groundwater studies and recommending to the Alabama Water Resources Study Commission regulatory controls be developed to prevent private well and public water supply contamination through groundwater pollution by onsite

*(continued)*

***Sick building (continued)***

- Analyzing 322 bulk samples for asbestos in construction materials.
- Having branch personnel trained in indoor air quality investigations, asbestos inspection and planning, and lead-based paint abatement.
- Sending out press releases with OHPI on various subjects, including formaldehyde, sick building syndrome, and gas and kerosene appliances.

***Onsite sewage alliance (continued)***

sewage systems and by waste dumped into improperly closed wells.

- Hosting the Fifth Annual Southeastern Coastal States Onsite Sewage Program Managers Conference in Birmingham.
- Developing several public awareness projects on onsite sewage systems, including two brochures and two television public service announcements with OHPI.
- Reviewing and approving plans for over 30,000 septic tanks and other onsite systems installations.
- Reviewing 127 plans for school and public building sanitation projects.
- Permitting 85 septic tank manufacturers and 146 septic tank models.
- Issuing approximately 250 sewage tank pumper permits at county health departments.
- Providing training to 14 county health personnel in four site evaluation certification workshops. Program expansion from four to 10 counties was planned for 1990.
- Providing training to 152 and 110 environmentalists respectively in 19 onsite sewage system inspector certification and 12 soil and site evaluation workshops; certified 130 health department inspectors under this program.

# Defusing the solid waste time bomb

There's no place like home—except for garbage. Everybody generates it, but no one wants to be responsible for it.

States are busy passing the truck across state lines, and within five years local governments will probably turn over management of their landfills to private businesses because they can't afford to comply with new federal regulations passed to head off environmental crises.

Illegal dumpsites, which now number over 10,000 in Alabama, may well increase as the new landfill owners raise collection fees to ensure a profit. From corporations to individuals, everyone will be faced with one of the ultimate between-a-rock-and-a-hard-place questions: save money, or save the environment.

The Solid Waste Moratorium (Act 89-824), effective September 1989 for two years, was designed to give Alabama time to assess its needs and come up with a new solid waste management plan that will be both cost-efficient and protective of the environment and the public's health.

The moratorium prevents the importation of any out-of-state solid waste. It also bans the development of new landfills unless evidence is provided to the health department indicating the need for a waiver on the ban to avoid a potential health crisis from lack of the proposed waste disposal site.

**WASTE WOES AIRED — Improper solid waste disposal was addressed in a PSA by the Solid Waste and Vector Control Branch and the Office of Health Promotion and Information.**

As of December 1989 the health department had forwarded to the Alabama Department of Environmental Management two approvals for waivers on landfills in Wilcox and Colbert counties, and was reviewing waiver requests from Alexander City, Union Springs, Dothan, and Clay and Mobile counties.

Other calendar year 1989 solid waste activities by the Solid Waste and Vector Control Branch included:

- Investigating 164 complaints of solid waste dumpsites and cleaning up 12 illegal sites, with two sites awaiting court order for clean up at year's end.
- Conducting several educational activities, including community and professional presentations, a television news editorial, and the statewide airing of a public service announcement produced with OHPI.

# *Environmental swat team strikes fly nuisance*

Flies became the stuff Hitchcock films are made of in a Cullman County community in the summer of '89.

The failure of a poultry business to maintain sanitary conditions created a fly problem severe enough to prompt nearby residents to complain to the health department.

Public health environmentalists confirmed the complaint, videotaped the investigation, and advised the owner to clean up his facilities.

Since Alabama has no regulations governing fly control in animal farming, the health department used Section 22-10 of the State Code of Alabama on the control of nuisances to require the owner to act.

The Solid Waste and Vector Control Branch is investigating regulations and standards to propose that will enable the health department to better respond to citizens' complaints about flies in cases like the one in Cullman County.

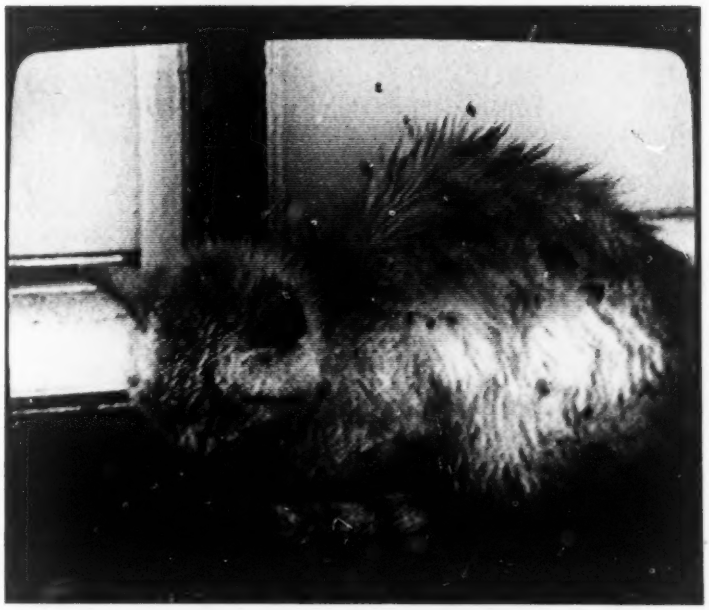
In 1989 the department investigated nine other fly complaints, and secured clean-up cooperation in three of these cases.

Other calendar year 1989 vector control activities included:

- Continuing sampling of bird flocks for avian arbovirus, a disease that can be fatal to humans. The department collected 205 blood samples from birds in seven selected county sites and found 24 to be positive carriers of the disease.
- Investigating four complaints of bird roosts where birds in excess of two million posed a threat to public health, and working with county and federal agencies to eliminate three roosts and to prepare Environmental Impact Statements.
- Investigating 27 mosquito complaints and assisting in all eradications, conducting mosquito surveys in 16 locations, and noting the continuing spread of the "tiger" mosquito through the state. Due to the tiger mosquito's unusually high capability for disease transmission, the health department has been tracking the tiger since it was first sighted in Alabama in 1986 and has confirmed its presence in 34 counties. As yet, the tiger has not been associated with any mosquito-transmitted diseases.

Diseases occurring in 1989 associated with mosquito bite transmission included several cases of eastern equine encephalitis (EEE) involving horses in southeast Alabama. The department urged public caution since Mississippi reported one fatal case of EEE involving a child. The Solid Waste and Vector Control Branch is developing a program to evaluate current mosquito control efforts for cost-efficiency and effectiveness.

- Assisting in ridding structures of bats in three sites.
- Responding to several information requests concerning tick control and Lyme Disease. Lyme Disease is not a notifiable disease, but in October 1988 the Division of Epidemiology requested that physicians voluntarily report the disease. During calendar year 1989, 25 cases of Lyme were reported according to this system, with 16 counties listed as sites of exposure.



**BUZZ OFF — "There were flies all over that cat and that baby--no wonder the town had called us in." —Public health environmentalist videotaping at the scene of fly complaint**

# Funding shortfall leads laboratories to implement prepaid stamp system

The Bureau of Clinical Laboratories performed 1.4 million testing procedures on more than 1.1 million specimens submitted to its five divisions in Montgomery, Mobile, Decatur, Dothan and Birmingham in 1989.

In May, because level funding could not match rising operating costs, the bureau was forced to discontinue certain services which traditionally had been available free of charge to the private sector.

The cut in services was necessary if the laboratories were to continue providing services to county health departments, testing mandated by law, and procedures needed by the Division of Epidemiology for communicable disease surveillance and control.

Based on numerous requests from the private sector that the laboratories reinstitute the discontinued testing services, the bureau devised a system through which private health care providers could pre-pay a $5 fee for those testing procedures which the laboratories had discontinued to be performed. The system called for private physicians to attach a $5 stamp to the request form accompanying each specimen sent to the laboratories. The prepaid fee would be waived for physicians supplying valid Medicaid numbers or private insurance information.

The prepaid stamps, available through most county health departments, allowed the department to charge a minimal fee for services to private providers so costs could be covered without the overhead expense of establishing a billing system.

The bureau realized a major accomplishment in 1989 by negotiating contracts with Medicaid and Blue Cross/Blue Shield for reimbursement for laboratory services on eligible patients. The revenue generated from those contracts should help insulate the bureau from funding fluctuations and help lessen the possibility of future reductions in services.

During 1989, the bureau also accepted responsibility for storage and distribution of health department vaccines and antibiotics; added equipment that increased laboratory capabilities to perform clinical analyses; served as referee laboratory for New York's parasitology and mycology proficiency programs.

## *Study focuses on germ level in oyster supply*

A potentially deadly bacterium found in raw oysters was the focus of an on-going study the Bureau of Clinical Laboratories' Mobile Division launched in 1989.

At the request of the Food and Drug Administration, the laboratory, using a new enzyme immunoassay procedure, began investigating levels of *Vibrio vulnificus* in commercial oyster samples. The FDA will use results to set federal standards for safe levels of the bacteria in oysters.

*V. vulnificus* is among the bacteria, viruses and chemical contaminants that can be found in oysters harvested from polluted waters. The disease-causing *V. vulnificus* can be deadly to a person who suffers from liver dysfunction, an impaired immune system or certain other conditions.

The laboratory found levels of *V. vulnificus* as high as 2.4 billion organisms per gram in the oysters tested. These were oysters considered acceptable for consumption, based on conventional tests.

**HEALTH HAZARD?—Oysters harvested from contaminated waters can cause serious illness and even death. Public health officials repeatedly remind Alabamians of the potential risk involved any time a raw oyster is eaten.**

The laboratory also studied water salinity, water temperature and other factors under which oysters were least likely to be contaminated with high levels of *V. vulnificus*.

## Department warns of PCBs in catfish

The department's duty to protect the public's health was made evident in early 1989 with the issuance of an advisory urging certain groups of individuals to avoid eating catfish which weighed one pound or more and which had been harvested from portions of the Coosa River.

The advisory came after random testing by the Alabama Department of Agriculture and Industries indicated chemicals called polychloride biphenyls, or PCBs, were present at levels higher than the federal limit.

The advisory listed women of child-bearing age who were or could become pregnant, breastfeeding women, and children under 15 as those who should avoid exposure to the probable cancer-causing agent. The catfish in question came from a portion of the Coosa River between Weiss Lake and Logan Martin Lake, inclusive.

# Detective work

## *Department's epidemiologists track outbreaks, collect data*

*— **IN A COMMUNITY** just east of Birmingham, residents grow increasingly concerned about the possible health hazards they may face as a result of the emission of lead into the environment by a local battery lead reclamation plant.*

. . . . . .

*— **ACTIVITIES ARE RUNNING** smoothly at a summer camp in east Alabama, until campers begin complaining of abdominal cramps, diarrhea, nausea and fever. Camp officials wonder if contaminated food or water is causing the illness, and whether the germ is a virus or a bacterium.*

. . . . . .

*— **IN A SMALL NORTH** Alabama town, symptoms of diarrhea and vomiting strike half the population, leading to speculation that the community's water supply has been contaminated.*

. . . . . .

*— **RESIDENTS OF** a town near the Mississippi line observe that an excessive number of cancer cases have occurred in a certain residential area of their town. They worry that a stream that runs through the town may be the source of carcinogens.*

What was needed in each of the cases above was public health detective work—investigative efforts to find possible links between the individual cases in each situation and to seek out the causative agent. Conducting the investigation in these and similar cases throughout 1989 was the health department's Division of Epidemiology.

In addition to responding to such disease and illness outbreaks in the state, the division also worked during the year to collect, collate and analyze data concerning the state's notifiable diseases.

In 1989, that on-going surveillance showed increases in the incidence of several communicable diseases. Compared to 1988, 1989 saw more Alabamians suffering from measles (61 cases in 1989, compared to none in 1988); pertussis (94 cases in 1989, up from 62 in 1988); mumps (30 cases, up from 16); and hepatitis A (95 cases, up from 56). Year-end figures revealed a significant decline in hepatitis B, from 330 cases in 1988 to 255 in 1989.

Ten cases of a condition called eosinophilia-myalgia syndrome were reported in Alabama from November, when the syndrome was first identified, through the end of the year. Public health's responses to the new syndrome included emergency action by the State Committee of Public Health, to place the syndrome on the notifiable disease list; and a strong recommendation from the health department that Alabamians stop using products containing L-tryptophan, the drug associated with the syndrome.

To help improve public health in Alabama from the standpoint of stopping the spread of communicable diseases, the division held four workshops around the state to update public health nurses on the principles of disease control.

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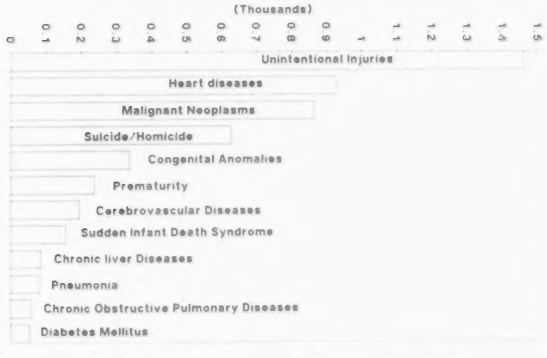
***Average annual age-adjusted rates* of YPLL before age 65, Alabama, 1980-1987.***




Adjusted to 1980 Alabama population as a standard. *Per 100,000 persons.

## Injuries rob state's residents of 52,949 years of potential life

Deaths from unintentional injuries resulted in the loss of 52,949 potential years of life annually in Alabama from 1980-87, according to a study the Division of Epidemiology conducted in 1989.

Heart disease, the leading killer of Alabamians, ranked behind injuries in terms of years of potential life lost (YPLL), at 34,835. Cancer resulted in 32,761 YPLL, followed by suicide, at 23,304 YPLL, the study found.

Years of potential life lost is a measure of premature

*(continued)*

***Studies (continued)***

mortality among people under age 65 and is defined as the years of life lost between the age of death and age 65.

The measurement is based on the concept that individuals who die at early ages have lost a certain number of years of life they otherwise could have been expected to have.

Other research the division conducted in 1989 included:

• A study of the blood lead levels in children 9 months through 71 months of age in Leeds. The environmental discharge of lead by a local battery lead reclamation factory had been cited as a possible cause for a perceived high occurrence of learning disabilities among Leeds children. The federally funded study, however, found blood levels of the 81 youngsters tested to be below federally defined toxicity levels.

• A study of cancer mortality rates in Demopolis, due to residents' observations that, over a period of several years, 84 percent of the families on certain streets in the town had suffered some type of cancer or birth defect. The health department study revealed that cancer mortality rates in Demopolis were comparable to the state's overall rates.

• An investigation into a north Alabama physician's report that eight cases of cholangiocarcinoma, a rare cancer of the bile duct, had been observed in the county from 1985 through 1988. The epidemiologic investigation identified no common risk factor among the eight cases.

## Alabama's Leading Causes of Death

| 1989 | | | Cause of Death | 1988 | | |
|---|---|---|---|---|---|---|
| **Rank** | **Number*** | **Rate*** | | **Rank** | **Number** | **Rate** |
| — | 37,719 | — | Total All Causes | — | 39,077 | — |
| 1 | 12,919 | 304.6 | Diseases of the Heart | 1 | 13,211 | 314.9 |
| 2 | 8,427 | 198.7 | Malignant Neoplasms | 2 | 8,502 | 202.6 |
| 3 | 2,883 | 68.0 | Cerebrovascular Diseases | 3 | 2,939 | 70.0 |
| 4 | 2,083 | 49.1 | Accidents | 4 | 2,165 | 51.6 |
| 5 | 1,303 | 30.7 | Chronic Obstructive Pulmonary Diseases & Allied Causes | 5 | 1,454 | 34.7 |
| 6 | 1,073 | 25.3 | Pneumonia & Influenza | 6 | 1,165 | 27.8 |
| 7 | 709 | 16.7 | Diseases of the Arteries | 7 | 822 | 19.6 |
| 8 | 694 | 16.4 | Diabetes Mellitus | 8 | 777 | 18.5 |
| 9 | 493 | 11.6 | Suicide | 9 | 497 | 11.8 |
| 10 | 483 | 11.4 | Homicide | 10 | 473 | 11.3 |
| — | 6,652 | — | All Other Causes | — | 7,072 | — |

Total rate is per 1,000 population. Cause-specific rates are per 100,000 population. * Provisional data.

**Source: Center for Health Statistics, Alabama Department of Public Health**

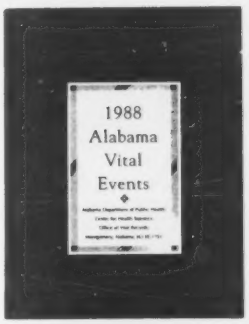
# *Center for Health Statistics begins reorganization to meet data demands*

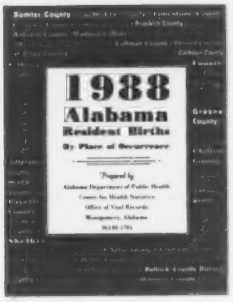
To keep up with ever-increasing data demands, during 1989 the Bureau of Vital Statistics began office reorganization with a name change to the Center for Health Statistics and a review of staffing and automation needs.

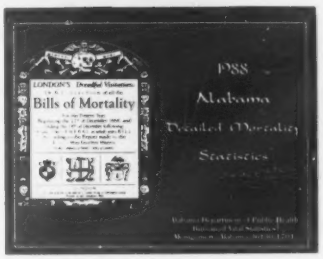
Goals include improving the flow of vital records certificates, expanding the center's range of data collection and statistical analysis, and increasing research and analysis support to the department. Results of these changes should improve service to the public, the department, other agencies and organizations, the media, researchers and others.

Center for Health Statistics activities in 1989 included:

- Answering approximately 2,900 requests for statistical information and analysis assistance.
- Providing Alabama vital event data to the National Center for Health Statistics for inclusion in national statistics.
- Revising the certificate of death to exclude unnecessary items, improve ease of coding, and better conform to the U.S. standard certificate.
- Providing at the request of parents computerized birth certificate information to the Social Security Administration for issuance of social security numbers to 48,650 newborn Alabamians.
- Initiating new programs to provide computerized death information to several public and private agencies including the Social Security Administration to prevent fraudulent payments.
- Providing statistical support services to other department projects including weighting the AIDS awareness surveys and the seatbelt usage survey.
- Initiating a program to provide monthly death listings to various Alabama tumor registries to purge their files.
- Beginning work with Health Information Systems to revise all vital record computer systems to improve ease of use.
- Revising Alabama perinatal data for 1980-87 for inclusion in Region IV Network for Data Management and Utilization (RNDMU) and participating in program at workshop on uses of these maternal and child health data.
- Planning a study on automating the storage and issuance of certified copies of vital records.
- Beginning development of written policies and procedures for the collection, completion, issuance and correction of vital records.




***VITAL INFORMATION—The Center for Health Statistics produces several vital events publications each year that are utilized by the public, the media, researchers, the health department and other agencies and organizations.***

**1989 vital statistics records included:**

| | |
|---|---|
| Estimated population | 4,241,653 |
| Births | 61,786*; Rate 14.6* |
| Deaths | 37,719*; Rate 8.9* |
| Marriages | 43,486*; Rate 10.3* |
| Divorces | 23,625*; Rate 5.6* |
| Adoptions | 2,371 |
| Legitimations | 4,426 |
| Infant deaths | 745*; Rate 12.1* |
| Induced termination of pregnancy, women under age 18 | 1,695 |
| Certified copies of vital records issued | 237,043 |
| Noncertified copies of vital records produced | 8,137 |
| Seminars | 10 |
| Participants | 350 |
| Number of records microfilmed | 3,924,231 |

NOTE: All rates are per 1,000 population except for infant mortality which is per 1,000 live births.

*Provisional data.

# Alabama rates #1 nationally in survey quality control

How many Alabamians engage in behaviors that are factors in the leading causes of death and disability in our state's population? How many know how to help prevent these diseases and injuries?

To answer these important questions, the Alabama Department of Public Health, with funding and support from the Centers for Disease Control (CDC), participates in the Behavioral Risk Factor Surveillance Survey (BRFSS), a telephone survey program that collects data on the prevalence of adult health knowledge and behaviors.

Conducted by the Office of Health Promotion and Information (OHPI) for the past three years, Alabama's BRFSS has been consistently recognized by the CDC for its outstanding success in conducting the surveys and exceeding quality control standards. In 1989, the CDC announced that Alabama had ranked first nationally in 1988 among the 36 participating states in all quality control indicators.

In addition to handling the BRFSS surveys, OHPI conducts surveys for the department to provide data for planning and evaluating various public health programs.

To better accommodate the department's growing surveillance needs, OHPI reorganized in 1989 to form the Risk Surveillance Branch.

Program surveys conducted in 1989 included knowledge and opinions of tobacco and alcohol policies, AIDS, sickle cell anemia, occupant safety, and choices of foods high in fat and fiber.

**Health risk behaviors—how Alabamians add up**

Findings of the BRFSS include the following about Alabamians at increased risk for illness and injury due to unhealthy behaviors.Percentages are based on 1,500 completed interviews in 1988.

- 25.3% reported having ever been told they have high blood pressure.
- 26.2% reported being at or above 120% of ideal weight.
- 30.0% reported trying to lose weight.
- 57.8% reported a sedentary or irregular activity level.
- 47.4% reported walking to be their primary source of physical activity.
- 26.2% of respondents said they smoked.
- 6.8% of respondents said they used smokeless tobacco.
- 10.7% reported acute drinking (having five or more drinks on an occasion).
- 4.2% reported chronic drinking (an average of 60 or more drinks in one month).
- 1.6% reported driving after having too much to drink (one or more times in one month).
- 47.8% reported using seatbelts sometimes, seldom or never.
- 75.2% reported visiting a doctor for a routine checkup within the past year.

# Projects encourage grass roots involvement

Grass roots involvement in department disease prevention programs continued to grow in Chambers and Greene counties, where a three-year CDC grant project obtained and coordinated by the Office of Health Promotion and Information is being conducted.

The Chambers County program is addressing tobacco-related illnesses through a project liaison at the Chambers County Health Department and Tobacco-Free Chambers County, a group established by the program.

Activities in 1989 included establishing no-smoking policies in the county school system and Lanier Hospital; promoting the smoke-free life through health fairs; and developing a pamphlet and distributing it to about 1,000 people.

Greene County has been targeting high-risk factors associated with cardiovascular disease through a project coordinator at West Alabama Health Services and the Planned Approach to Community Health (PATCH) Coalition of Greene County.

Accomplishments in 1989 included screening over 1,000 people for cholesterol; developing a poster and pamphlet and distributing over 1,000 copies; and conducting community aerobics exercise classes.

# Going after one of Alabama's top killers

Tobacco is one of America's top killers and a drain on our economy and people. And now evidence shows that nicotine is as addictive as cocaine or heroin and that environmental tobacco smoke can cause disease in nonsmokers.

Nearly three-fourths of Alabamians do not smoke, according to surveys conducted by the Office of Health Promotion and Information. And the recent passage of no-smoking ordinances in Alabama's four largest cities reflects the growing awareness that tobacco is dangerous in any form and no longer considered "cool."

A major force in creating this awareness statewide has been the Coalition for a Tobacco Free Alabama, a group of 36 organizations headed by Ira L. Myers, M.D., former state health officer. Staff members in the Office of Health Promotion and Information (OHPI) and the Dental Health Branch coordinate the coalition's administrative and public relations activities.

State Health Officer Dr. Claude Earl Fox is a strong advocate of health promotion activities to end tobacco addiction and to restrict the use of tobacco in public places.

*(continued)*

# From AIDS to zoonotic diseases, public health covers the issues

The measles outbreak in Auburn. The rural health task force report. The first statewide onsite sewage conference. Lead contamination in Leeds. The plan to save county health department facilities from decay. The battle against AIDS. Warning the public about contaminated food. Finding quality care for older citizens. The need to avoid tobacco and cholesterol, check for diabetes, get prenatal care—the list goes on and on for the topics covered by the Office of Health Promotion and Information (OHPI) in 1989.

Demands upon OHPI's Information Branch and Graphic Communication Branch to produce media, information and education materials continued to increase, and 1989 activities to serve various programs in OHPI and the department included:

- Producing and distributing 10,388 press releases and Public Service Announcement (PSA) scripts on over 40 subjects to media statewide.
- Producing over 30 television PSAs and arranging air time for them statewide.
- Producing a weekly radio series called "Alabama Healthline," which is used on a regular schedule by 46 Alabama radio stations; producing and distributing 950 radio PSAs statewide.

*"Your public service announcement on diabetes probably saved my mother's life. If she hadn't seen it, she might not have gone to the doctor's office until it was too late."—PSA viewer comment*

- Arranging over 30 hours of radio and television time and numerous speaking engagements statewide for department personnel.
- Developing several videotapes, with subjects including WIC, the physical conditions of county health departments, newborn screening tests, infant mortality (to be produced in cooperation with First Alabama Bank), and onsite sewage disposal.
- Filling 5,593 requests for films and videotapes from film library, with a total of 160,433 reported viewers.
- Providing audiovisual equipment, technical services, and videotaping of meetings, training sessions, and other programs statewide.
- Producing hundreds of print materials, including brochures, special reports, flyers, newsletters, posters, charts, displays, slides, billboards, signs, and other items. These included over 2,885 documents typeset; 10,533 pieces of artwork/illustration; 9,813 pieces of photography; 44,129,013 total number printing impressions, with total printing cost at $525,979.46.
- Filling through all OHPI branches 296,137 requests for health information and giving 108 health promotion presentations.

# *Injury control strategies grow in importance on public health agenda*

Unintentional injuries are the fourth leading cause of death in Alabama, and productivity losses are greater from injury than from the other three leading causes of death—heart disease, stroke and cancer.

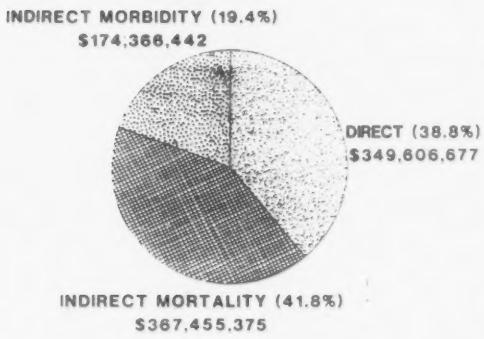
The health department has placed injury prevention high on its list of health promotion priorities, and is seeking to expand its injury data collection/analysis and prevention programs. During 1989, a strategic plan addressing unintentional injuries was developed for 1990.

**The large number of premature deaths and disabilities due to injury and the accompanying high economic cost, including public sector expenditures, emphasize the need to reduce the burden of injury in the United States. Implementation of known injury-control intervention strategies can substantially reduce the incidence, severity and accompanying cost of injury.**—*Morbidity and Mortality Weekly Report, 11/3/89*

Since traffic accidents are responsible for over 50 percent of injury-related deaths in Alabama, the Office of Health Promotion and Information has for several years worked to develop its Occupant and Child Passenger Safety programs, which it operates under funding from the Office of Highway and Traffic Safety in the Alabama Department of Economic and Community Affairs.

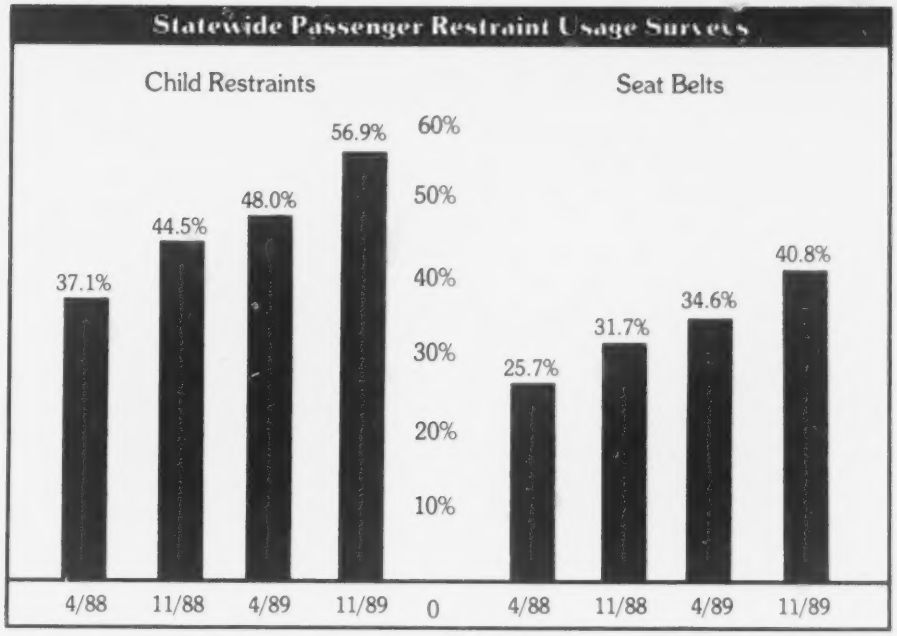
***Top Killer (Continued)***

## SMOKING-ATTRIBUTABLE ECONOMIC COSTS ALABAMA, 1985 $891,428,494




In addition to counseling clinic patients on the need and means to end tobacco use and making all health department offices smoke-free, in 1989 the department's work in this area included:

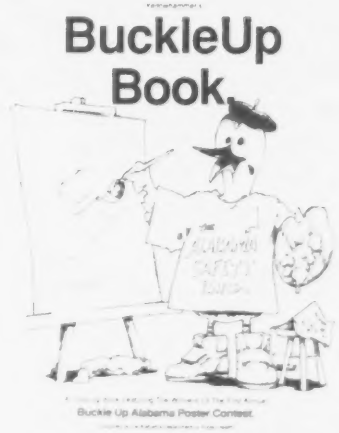
- Working with the Coalition for a Tobacco Free Alabama on several projects, including passage of a no-smoking ordinance in Montgomery; development of no-smoking signs to be distributed statewide; and the Smoke-Free Class of 2000 Project.
- Initiating a program to distribute no-smoking signs and second-hand smoke fact sheets through the Division of Food and Lodging Protection to restaurants statewide. The materials, which were developed by OHPI, will be delivered and discussed by county health department environmentalists during inspections of these facilities.
- Conducting a survey through OHPI and the Dental Health Branch to determine public school policies on the use of tobacco during school and at school events by students, faculty and staff.
- Providing smoking cessation information and classes upon request.
- Presenting through the Dental Health Section information on the dangers of tobacco abuse to 25,000 Alabama school children; developing and distributing through this section 57,000 brochures on tobacco abuse.
- Sending a resolution from the State Committee of Public Health to the FDA and to the R.J. Reynolds Tobacco Company condemning the marketing of smokeless cigarettes without review by the FDA to determine regulation of such a product as a drug or drug delivery device.
- Developing a strategic plan to address tobacco and alcohol abuse.




**The Injury Prevention Branch's observational surveys indicate a steady increase in passenger restraint usage. These increases came after the enactment of the child restraint law when special efforts were made to educate the public on the law and the importance of buckling up to prevent injuries and save lives.**

Injury Prevention Branch activities in 1989 in the passenger restraint program included:

- Working with the Alabama Department of Public Safety and the Alabama Safe Kids Campaign to raise the required ages for child restraints from 3 and under to ages 6 and under and to inform law enforcement officials and the public of the change.
- Conducting a telephone survey to ascertain knowledge levels and attitudes regarding safety belt and child restraint usage. Seventy-eight percent favored the passage of a mandatory safety belt law in Alabama.
- Conducting several child restraint and seatbelt promotion and education campaigns, which included mall shows with buckle-up incentive items; press releases and PSAs; statewide distribution of 65 "Alabama's Clickin'" billboards; and the first annual "Buckle-Up, Alabama!" poster contest for elementary school students. A safety coloring book was made from the winning posters.
- Conducting a special project in three towns where surveys showed passenger restraint usage rates of 15 percent or less. Follow-up surveys showed usage increases for these towns of between 10 and 16 percent.
- Organizing child restraint rental/loaner programs for county health departments and other agencies.




**The first annual "Buckle-Up, Alabama!" poster contest was held in 1989 for elementary school students. A safety coloring book was made from the winning posters.**

Other 1989 injury prevention activities included:

- Conducting seminars to teach parents how to prevent childhood illnesses and injuries.
- Providing through the Alabama Safe Kids Campaign several injury prevention programs, including bike helmet promotions with coupons offering discounts on helmets and instruction on proper biking protection attire; information on buying and riding bicycles; "Babysaver Days" to teach adults CPR techniques for children; fire safety; and toy and playground safety.
- Continuing to serve as the state liaison for the Consumer Product Safety Commission, providing information on a timely basis concerning unsafe products.

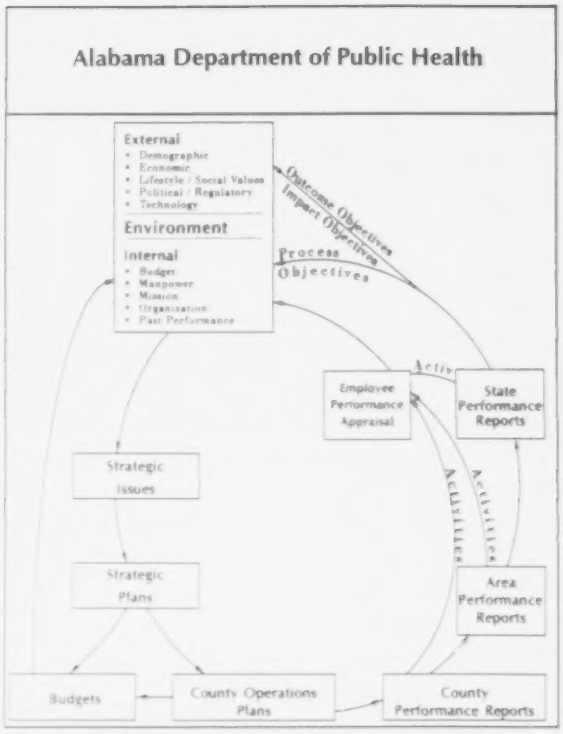
# Strategic planning opens new era in public health management

The health department will begin the '90s with 13 strategic plans on track and a commitment to complete the strategic planning lifecycle.

This management methodology offers comprehensive planning and environmental measurement capabilities of health department activities, from internal process to external impact.

Completed strategic plans include cancer, child health/day care, infant mortality, oral health, teen pregnancy, AIDS, high blood pressure, sexually transmitted diseases, tuberculosis, alcohol and tobacco abuse, unintentional injuries, food service, and onsite sewage disposal.

Implementation of these completed plans has already begun. An environmental assessment being conducted jointly by the department and the UAB School of Public Health will form the basis for additional strategic plans and also affect funding decisions on current plans and other program plans.




**STATE-OF-THE-ART PLANNING—The health department is committed to completing the strategic planning cycle to obtain the full benefits of this comprehensive management methodology.**

## BSP Program strikes employee gold

The goal of any training methodology is to strike employee efficiency gold as quickly as possible, and in 1989 the Training Branch initiated the Basic Skills Packaging (BSP) program to achieve its goal of developing personnel proficiency quickly.

A BSP includes manuals, workbooks and training videos; hands-on work sessions; testing of new skills; and follow-up field reviews and skills maintenance plans.

The Training Branch directed the development and implementation of BSPs in 1989 on the Fee System and the Revised Unified Medical Records System, and is developing other skills packages for a wide variety of programs as needed.

# *Bond issue sought to fund county facility improvement*

It's a common scene in too many county health departments—overcrowded waiting rooms, no separate areas to prevent the spread of disease, little privacy for health education or personal questions, and outdated equipment. And all this in dilapidated old buildings with unhealthy ventilation systems and asbestos problems.

To determine the extent of building and equipment needs, during 1988-89 the Office of Capital Expansion surveyed department facilities and published a physical plant and equipment standards manual to serve as a basis for modernization and new construction projects.

Current recommendations call for the replacement of 41 of 93 local health department buildings, buildings at three new sites, additions to 36, renovation of 36, and equipment upgrades in all.

To document the department's request to the 1990 Legislature for a bond issue to fund these projects, Capital Expansion produced with the Office of Health Promotion and Information a videotape on county health department facility needs for government officials and the public.

# New nursing staffing model earns much-needed additional positions

A staffing model developed for evaluation of staff functioning in the department's new multi-service clinic operations helped earn the appropriation of additional nursing positions in budget hearings in 1989.

The model is currently being evaluated as part of a dissertation by a Chapel Hill doctoral student, who is also participating in a department nurse and clerical task force review of the county clinic appointment system.

Other 1989 efforts to update nurse staffing and training included:

- Submitting Robert Wood Johnson grant proposal requesting funding to provide education for public health nurses statewide on holistic approach to physical assessments of adult and pediatric patients. Educational sessions will be conducted at training sites through a collaborative agreement formed by the Nursing Section with five baccalaureate nursing programs.

- Developing a new six month overview of all county service operations and a new state orientation to address the rapidly increasing amount of public health activities and protocols. The plans include new clinical and long term care nurse modules, and implementation is planned during 1990-91.

- Addressing staffing shortages in conjunction with activity planning, for despite some increase in staffing, nursing personnel shortages continued, with updated staffing models showing the department understaffed by 40 nurses in 1989.

There were 727 nurses on staff during 1989 in the eight public health areas, and 45 at the state level, which includes 23 licensure and certification field nurses.

Staff educational preparation records of these 772 employees showed one doctorate of science in nursing (which belongs to a nurse practitioner, or NP) 45 masters degrees (includes 14 NPs), 231 batchelor of science degrees (includes one NP), 209 associates degrees in nursing, 248 diplomas (includes four NPs), and 52 nurse practioners certificates.

**BETTER CARE FOR ALL—Major changes in the health care industry, management and funding policies during the past five years have necessitated public health nursing staffing and training revisions to improve patient care and reduce staff stress.**

## Forget the coffee—how fast can you run a patient flow analysis?

Computerization, new documentation demands and staffing shortages have greatly increased the clerical person's role in office communications.

To improve the speed and accuracy of these employees, the Office of Management Services made the development of a clerical staffing guide and a clerical training/orientation package a priority project in 1989, with finalization and implementation set for 1990.

These projects are being coordinated through the Management Assistance Program, which assists local health departments in identifying methods to improve performance.

Other program activities in 1989 included conducting management reviews in 10 counties and overseeing the installation of the CDC-designed patient flow analysis program in all area computers.

# New payroll/personnel records management systems provide quicker action, tighter tracking

As one of Alabama's two largest state agencies, the health department sees its nearly 4,000 employees' payroll/personnel records as a critical element of its resource management and development activities.

In 1989 the Personnel and Staff Development Branch began development of two records management systems that offer significantly improved management of state personnel funds and costs.

- One system involved upgrading the branch's data files and retrieval system by establishing a log-in system which will better track personnel actions and analyze and manage the branch's workload.
- The other system required preparing plans to serve as a state agency pilot for a new integrated payroll/personnel system called the Government Human Resource System (GHRS). To be implemented in 1990, the GHRS objectives are to implement new interagency automation and standardization procedures that will provide more extensive and timely data for managing salary funds, leave and other benefits, positions and personnel management costs.

**1989 health department personnel**

| | |
|---|---|
| State level merit system employees: | 885 (29 percent) |
| County level merit system employees: | 2,175 (71 percent) |
| Contract employees: | 909 |

The health department has experienced success in minority recruitment, as the following figures reflect, and has increased the percentage of minority personnel from a total of 19 percent in 1981 to 29.67 in 1989.

**1989 minority employment**

| | Health Department | Alabama Labor Market |
|---|---|---|
| Total | 29.67% | 22% |
| Clerical | 25.30% | 16% |
| Professional | 13.90% | 12% |
| Management | 13.79% | 5% |

# Patient records/billing put on data fast track

The completed development of the Automated Integrated Public Health System in 1989 goes on record as the largest such accomplishment by the health department.

The system manages over 4 million registration and encounter records a year for cancer screening, child health, family planning, maternity and WIC programs and issues over 270,000 WIC checks a month with 100 percent reconciliation.

Designed and developed using the STRADIS Methodology, this system consists of 16 on-line programs, and over 100 batch type programs with more than 100,000 lines of computer code.

Development was begun in 1989 on the Third Party Billing System, Lab Services Billing System and the Case Management System, which are expected to generate in excess of $3 million a year in Medicaid billings for the department when implemented.

## PC Support Unit added

For the untrained, computerizing an office can be mind-boggling. To help department personnel avoid costly mistakes, in 1989 the Health Information Systems Branch added a Personal Computer (PC) Support Unit to its office.

The unit provides aid in equipment and software selection, procurement, installation, training and technical support.

## UMR revision completed

After 18 months of work, revision of the Unified Medical Records (UMR) was completed by a committee of county and area personnel and staff from the Office of Management Services, the Public Health Nursing Section, and the Training Branch. Following statewide training on the new system, implementation was begun in fall 1989.

The purpose of the revision was to increase staff efficiency by reducing duplication of information collection and to adjust the UMR so that it complemented the recently implemented integrated approach to service delivery.

# *Form, video enhance data collection efficiency of newborn screening program*

A new form for use in Alabama's newborn screening program was introduced statewide in 1989. With its introduction came the need for hospital and county health department clinic personnel to undergo basic training on how to use it.

Though three hospital in-service trainings were held throughout the state to familiarize personnel with the new form, the health department lacked the manpower to conduct similar sessions in the county clinics.

Enter, the amazing world of video.

Through a cooperative effort, the Bureau of Family Health Services' Division of Child Health, the Bureau of Clinical Laboratories and the Office of Health Promotion and Information produced a training program in videotaped form. The effort marked the first time a clinical division of the department had provided in-service training on a clinical service via videotape.

A copy of the video was sent to each county. thus allowing current employees to undergo the training at their own convenience and new employees to have access to the same comprehensive training program.

# *Grant applications total $29 million*

During 1989 the Office of Management Services Grants Review Program identified 93 grants for possible application by department offices, and by year's end 23 grant applications totaling $29 million were under development in various offices or pending action.

**Any public service organization knows the fine art of grantsmanship is critical in creating funds to ensure the life of important programs. The competition for grant money is fierce, and the pressure to write an award-winning proposal is somewhat equivalent to writing a best-selling novel.**

Of these, 14 ($4.5 million) were new applications and nine were continuation.

During this time period the department operated 26 programs from $738,793 in private foundation grants and approximately $67 million in federal grants, cooperative agreements and contracts.

# *"Legal Eagles" victories save state millions*

Attorneys and staff of the Office of General Counsel, the department's "legal eagles," began and ended 1989 on winning notes.

Over New Year's 1989, department attorneys successfully advocated to the Jefferson County Circuit Court the closure of a nursing home which was in significant and dangerous noncompliance with department standards. At Christmas 1989 they succeeded in achieving dismissal of claims against department environmentalists in a case in which the damages requested were $100 million.

Other 1989 legal activities included:

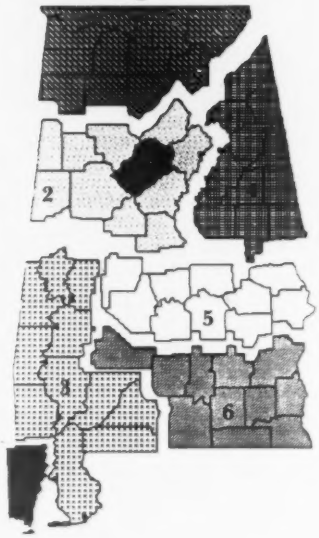
- Successfully prosecuting solid waste, personnel, sexually transmitted disease, and tuberculosis cases and administrative actions; successfully defending age discrimination, health planning and licensure, sanitation, emergency medical services and WIC cases and administrative actions.
- Helping achieve dismissal of the Board of Health and many department administrative officers as defendants in the multi-million dollar "sink hole" case in Shelby County.
- Rescuing patient hospital records from U.S. Bankruptcy Court in Mobile.
- Instituting new procedures for contract review.
- Representing the department before the Board of Adjustment; serving on the legislative oversight committee for administrative rules and on the contract review committee; advising on records releases and on AIDS-related matters; and rendering numerous formal and informal opinions on matters ranging from anaphylactic shock to zoonotic diseases.

# New district staffing plans allow increased audits

After making do for the past four years with a severe personnel shortage, the Office of Internal Audit announced the addition of two new staff members to implement a new auditing plan to reduce travel time and to allow all clinics in every county to be audited at least annually. The district auditors will make unannounced audits and issue their reports to the assistant state health officer for the county.

Prior to implementation of the new plan in late fall 1989, the office conducted audits of 11 county health departments.

**Auditing Districts**




*The advent of the fee and billing system means more money is being handled locally, and a new district auditing plan has been developed as a result. These auditing districts do not completely conform to the state's public health areas; areas 2 and 3 are combined, areas 5 and 6 are split into three districts, and there are other exceptions.*

# Medicaid collections show substantial growth with billings system development

The Third Party Collections Office began developing its Medicaid billings system in 1989 to make the most out of the recent increases in Medicaid funding so strongly advocated by State Health Officer Dr. Claude Earl Fox to stretch the umbrella of state health dollars to cover more of Alabama's people.

The tremendous potential of a well-organized, concentrated effort in this area is reflected in the jump in Medicaid maternity collections from $300,000 in 1988 to $965,000 in 1989.

With continued development in Medicaid billing, the department can expect substantial, steady growth in Medicaid collections in 1990.

# Fee system use expands

During 1989, six more counties became authorized to collect fees, bringing the total number of counties with fee authority to 49.

Fee money helps offset operating costs and allows the department to provide more services to the elderly, disabled, pregnant women and others who need but cannot afford to pay for health care. The system's use of interest-bearing accounts at the local level further serves to benefit the community.

## PUBLIC HEALTH FINANCE TABLE 1

### SUMMARY OF RECEIPTS, DISBURSEMENTS AND BALANCES BY SPECIAL SOURCE OF FUNDS, FISCAL YEAR 1989

| Source | Balance 10-1-88 | Receipts | Expenditures | Balance 9-30-89 |
|---|---|---|---|---|
| **STATE AND REVENUE FUNDS** | | | | |
| General Fund—Health | $ 729,361.90 | $ 29,780,182.00 | $ 29,217,190.40 | $ 1,292,353.50 |
| ASETF Perinatal | 865,403.58 | 1,300.00 | 865,498.43 | 1,205.15 |
| ASETF Health Support | 763,027.27 | 4,515,233.02 | 4,452,715.43 | 825,544.86 |
| **Total** | **$ 2,357,792.75** | **$ 34,296,715.02** | **$ 34,535,404.26** | **$ 2,119,103.51** |
| 2¢ Cigarette Tax | $ 1,349,178.36 | $ 3,723,605.65 | $ 3,790,392.63 | $ 1,282,391.38 |
| Radiation Safety | 24,471.65 | 85,934.59 | 71,363.57 | 39,042.67 |
| Hospital Licenses | 153,426.58 | 373,169.25 | 310,107.09 | 216,488.75 |
| Vital Statistics Fees | 104,591.17 | 1,131,261.21 | 1,159,895.05 | 75,957.33 |
| Emergency Medical Services | 29,102.67 | 47,538.00 | 35,958.47 | 40,682.20 |
| Hearing Aid Licenses | 51,323.81 | 21,750.81 | 7,157.15 | 65,917.47 |
| **Total** | **$ 1,712,094.24** | **$ 5,383,259.51** | **$ 5,374,873.96** | **$ 1,720,479.79** |
| **TOTAL STATE AND REVENUE FUNDS** | **$ 4,069,886.99** | **$ 39,679,974.53** | **$ 39,910,278.22** | **$ 3,839,583.30** |
| **FEDERAL FUNDS** | | | | |
| Family Planning | $ 186,154.20 | $ 3,623,000.76 | $ 3,521,795.16 | $ 287,359.80 |
| Maternal and Child Health | 870,035.50 | 12,572,031.78 | 11,445,296.71 | 1,996,770.57 |
| Preventive Health Block | 267,560.58 | 1,578,800.99 | 1,685,241.87 | 161,119.70 |
| WIC Food Program | 230,593.24 | 42,653,781.25 | 38,646,534.51 | 4,237,839.98 |
| Sexually Transmitted Diseases | (6,111.88) | 677,004.66 | 650,802.22 | 20,090.56 |
| AIDS | 25,605.05 | 1,466,180.00 | 1,467,368.40 | 24,416.65 |
| Immunization | 8,388.69 | 806,185.01 | 677,826.86 | 136,746.84 |
| Tuberculosis | (50,788.76) | 176,500.00 | 123,258.49 | 2,452.75 |
| Refugee | (688.41) | 19,975.00 | 18,722.08 | 564.51 |
| National Health Service Corps | 2,429.00 | 201,126.26 | 198,999.75 | 4,555.51 |
| Radiological Health | 7,888.18 | 42,891.95 | 59,311.83 | (8,531.70) |
| FDA Food Inspection | 653.16 | 57,008.05 | 25,820.80 | 31,840.41 |
| Vital Statistics—NCHS | 2,520.32 | 40,839.84 | 125,569.87 | (82,209.71) |
| Chronic Disease | 4,011.86 | 134,559.75 | 125,372.13 | 13,199.48 |
| Homemaker | 1,397.00 | —0— | —0— | 1,397.00 |
| Community Prevention | 5,455.09 | 63,000.00 | 62,697.42 | 5,757.67 |
| Diabetes | 8,848.94 | 203,143.64 | 203,956.82 | 8,035.76 |
| Central Ala. Perinatal | 2,522.41 | 165,385.00 | 183,479.13 | (15,571.72) |
| Risk Surveillance | 9,606.58 | 13,500.00 | 16,145.55 | 6,961.03 |
| Community Education | 5,000.00 | (5,000.00) | —0— | —0— |
| Revolving Fund | (9,657.82) | 7,840.77 | 2,876.87 | (4,693.92) |
| Medicare/Medicaid | (355,421.66) | 2,015,522.13 | 2,143,571.19 | (483,470.72) |
| Hemoglobin | —0— | 96,250.00 | 63,450.56 | 32,799.44 |
| ARC INF | —0— | 452,315.00 | 450,663.74 | 1,651.26 |
| Lead | —0— | —0— | 2,456.43 | (2,456.43) |
| **TOTAL FEDERAL FUNDS** | **$ 1,216,001.27** | **$ 67,061,841.84** | **$ 61,901,218.39** | **$ 6,376,624.72** |
| **LOCAL AND MISCELLANEOUS FUNDS** | | | | |
| Dental Contracts | $ 26,664.92 | $ 9,667.55 | $ 31.75 | $ 36,300.72 |
| OHTS Contracts | (44,611.09) | 274,188.35 | 265,144.75 | (35,567.49) |
| Laboratory Contracts | 430,663.44 | 744,452.06 | 537,949.71 | 637,165.79 |
| Indirect Cost Earned | 97,007.97 | 3,788,351.87 | 3,288,059.27 | 597,300.57 |
| Home Health Escrow | 1,331,403.24 | 2,289,024.13 | 1,598,612.74 | 2,021,814.63 |
| Vital Statistics | 233,265.07 | 113,239.10 | 220,115.35 | 126,388.82 |
| Nuclear Monitoring | 16,943.47 | 123,899.34 | 88,115.37 | 52,727.44 |
| OHPI Fees | 8,100.00 | 18,577.41 | 10,358.00 | 16,319.41 |
| Miscellaneous Reimbursement | 137,147.21 | 281,654.63 | 445,783.78 | (26,981.94) |
| Local Appropriations | 4,740,478.81 | *53,756,306.27 | *53,298,302.88 | 5,198,482.20 |
| **TOTAL LOCAL & MISCELLANEOUS** | **$ 6,977,063.04** | **$ 61,399,360.71** | **$ 59,752,473.60** | **$ 8,623,950.15** |
| **GRAND TOTAL** | **$12,262,951.30** | **$168,141,177.08** | **$161,563,970.21** | **$18,840,158.17** |

*Includes $25,824,270.00 in funds collected and expended locally.

## PUBLIC HEALTH FINANCE TABLE 2

## SUMMARY OF PROGRAM DISBURSEMENTS BY GENERAL SOURCE OF FUNDS, FISCAL YEAR 1989

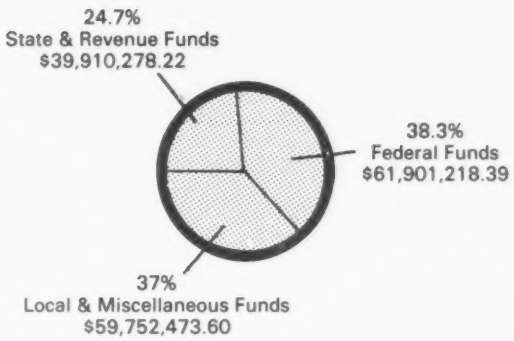
| Program | All Funds | State and Revenue Funds | Federal Funds | Local and Other Funds |
|---|---|---|---|---|
| **ADMINISTRATIVE** | | | | |
| Executive | $ 765,140.90 | $ 722,599.07 | $ —0— | $ 42,541.83 |
| Finance | 1,065,955.11 | 1,065,955.11 | —0— | —0— |
| Personnel | 313,275.23 | 305,215.23 | —0— | 8,060.00 |
| Internal Audit | 136,508.15 | 151,393.15 | —0— | (14,885.00) |
| Legal Services | 150,589.37 | 149,220.16 | —0— | 1,369.21 |
| Health Data | 2,854,213.76 | 2,252,183.20 | —0— | 602,030.56 |
| Management & Planning | 292,712.38 | 224,720.29 | 53,998.93 | 13,993.16 |
| Health Promotion & Information | 1,228,759.82 | 862,724.44 | 141,517.68 | 224,517.70 |
| General Operations | 2,445,848.79 | 1,740,869.89 | 172,429.18 | 532,549.72 |
| **Total** | **$ 9,253,003.51** | **$ 7,474,880.54** | **$ 367,945.79** | **$ 1,410,177.18** |
| **PERSONAL HEALTH SERVICES** | | | | |
| Primary Care | $ 448,886.82 | $ 211,207.85 | $ 198,999.75 | $ [illegible]5,679.22 |
| Cancer Detection | 24,568.69 | 24,568.69 | —0— | —0— |
| Perinatal | 2,022,219.62 | 1,906,762.02 | 115,457.60 | —0— |
| Family Planning | 6,382,679.48 | 2,798,121.02 | 3,584,558.46 | —0— |
| Maternal & Child Care | 12,643,225.54 | 278,381.94 | 12,024,713.83 | 340,129.77 |
| WIC Nutrition | 38,652,129.04 | 5,594.53 | 38,646,534.51 | —0— |
| AIDS | 969,056.61 | 195,264.45 | 758,105.70 | 15,686.46 |
| Hypertension | 173,964.46 | 8.00 | 173,956.46 | 1,261.06 |
| Diabetes | 205,217.88 | —0— | 203,956.82 | 444,251.50 |
| Tuberculosis | 2,603,022.92 | 2,035,512.93 | 123,258.49 | —0— |
| Sexually Transmitted Diseases | 3,110,115.60 | 1,750,050.68 | 1,360,064.92 | —0— |
| Immunization | 3,004,176.53 | 2,326,349.67 | 677,826.86 | —0— |
| Epidemiology | 323,038.43 | 316,464.89 | 6,573.54 | —0— |
| Zoonotic | 161,120.80 | 94,530.58 | —0— | 66,590.22 |
| Dental | 388,988.50 | 388,956.75 | —0— | 31.75 |
| Nursing | 289,501.59 | 289,501.59 | —0— | —0— |
| Long-Term Care | 785,210.17 | 68,491.82 | —0— | 716,718.35 |
| PHS Administration | 334,415.13 | 317,558.81 | 14,604.97 | 2,251.35 |
| **Total** | **$ 72,521,537.81** | **$13,007,326.22** | **$57,888,611.91** | **$ 1,625,599.68** |
| **HEALTH SUPPORT SERVICES** | | | | |
| Clinical Laboratory | $ 7,131,796.10 | $ 5,152,540.95 | $ 1,238,890.11 | $ 740,365.04 |
| Vital Statistics | 1,508,843.08 | 1,163,157.86 | 125,569.87 | 220,115.35 |
| Inspection | 912,478.58 | 886,657.78 | 25,820.80 | —0— |
| General Sanitation | 408,492.43 | 362,525.24 | 45,967.19 | —0— |
| Asbestos Abatement | 171,183.89 | 171,183.89 | —0— | —0— |
| Radiological Health | 738,567.21 | 71,634.46 | 59,311.83 | 607,620.92 |
| Licensure & Certification | 2,813,716.64 | 423,516.07 | 2,143,571.19 | 246,629.38 |
| Emergency Medical Services | 392,473.08 | 36,502.87 | —0— | 355,970.21 |
| Env. & Facility Standards Admin. | 371,213.22 | 364,274.00 | —0— | 6,939.22 |
| Local Health Units | *65,202,544.93 | 10,657,958.61 | 5,529.70 | 54,539,056.62 |
| **Total** | **$*79,651,309.16** | **$19,289,951.73** | **$ 3,644,660.69** | **$56,716,696.74** |
| **REGULATORY BOARDS** | | | | |
| Hearing Aid | 7,157.15 | 7,157.15 | —0— | —0— |
| **Prior Year Adjustments** | 130,962.58 | 130,962.58 | —0— | —0— |
| **GRAND TOTAL** | **$161,563,970.21** | **$39,910,278.22** | **$61,901,218.39** | **$59,752,473.60** |

*Includes $25,824,270.00 in funds collected and expended locally.

## FINANCE TABLE 3
## SUMMARY OF DISBURSEMENTS BY OBJECT
## FISCAL YEAR 1989

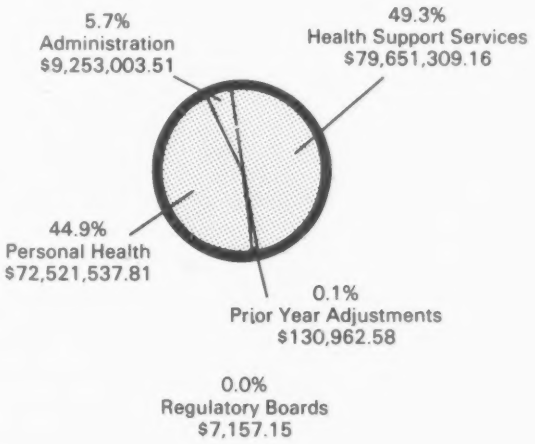
| Object | Expenditures |
|---|---|
| Personnel Costs | $51,932,086.27 |
| Employee Benefits | 11,845,895.03 |
| Travel—In State | 3,392,983.66 |
| Travel—Out of State | 210,446.10 |
| Repairs and Maintenance | 385,570.07 |
| Rentals and Leases | 918,052.37 |
| Motor Pool | 182,337.21 |
| Utilities and Communication | 2,293,215.03 |
| Professional Services | 3,570,543.16 |
| Supplies and Materials | 4,250,533.13 |
| Drugs and Medical Supplies | 3,609,601.17 |
| Food—Women, Infants and Children | 30,233,197.67 |
| Indirect Cost | 3,512,083.12 |
| Employee Training | 78,578.44 |
| Common Clinic Supplies | 239,917.70 |
| Transportation and Equipment Operations | 41,903.89 |
| Grants and Benefits | 11,353,706.39 |
| Capital Outlay | 457,712.32 |
| Transportation Equipment Purchases | 35,114.90 |
| Other Equipment Purchases | 1,078,970.99 |
| Interest | 56.14 |
| Non-Expenditure Disbursements | 6,117,195.45 |
| County Health Funds Collected and Expended Locally Jefferson and Mobile Co. | 25,824,270.00 |
| **Total** | **$161,563,970.21** |

## FINANCE GRAPH 1
## SOURCES OF FUNDS RECEIVED
## FISCAL YEAR 1989




**GRAND TOTAL $161,563,970.21**

## FINANCE GRAPH 2
## EXPENDITURE OF FUNDS
## FISCAL YEAR 1989




**GRAND TOTAL $161,563,970.21**

## COUNTY HEALTH DEPARTMENT SERVICES

*Each county health department offers the following integrated core services on a daily basis to provide more efficient, convenient services to the public.*

**Personal Health Services**

- Low-risk prenatal care
- Child health care
- WIC (Special Supplemental Food Program for Women, Infants and Children)
- Family planning
- Immunization
- Cancer detection
- Tuberculosis detection and treatment
- Sexually transmitted disease detection and treatment
- Hypertension screening and follow-up

*At the area level, efforts are made to identify and provide the following services as needed:*

- Prenatal complication clinic for high-risk prenatal care
- Hospital delivery resources
- Primary care referral resources
- Referral resources for problem patients
- Colposcopy clinic
- PKU/hypothyroid follow-up
- Tubal ligation resources
- Tuberculosis clinic
- Hypertension management clinics (routine and complications)
- Hospitalization for tuberculosis
- Alternate testing sites for AIDS and SIDS follow-up
- Social services
- Case management for high-risk patients in selected counties

**Environmental Health Services**

- Perform required activities regarding sampling, inspection, and enforcement for:
  - Food service establishments
  - Retail food stores
  - Vending commissaries and machines
  - Food processors
  - Prisons and jails
  - Hotels and motels
  - Resident and day camps
- Assist in the investigation of food-borne and waterborne outbreaks
- Sample public water supplies for fluoride
- Permit solid waste management activities to:
  - Issue certificates of exception for household solid waste
  - Issue permits for collection vehicles
  - Abate public health nuisances
  - Review solid waste disposal site plans
  - Review solid waste collection plans
- Abate nuisances caused by vectors of public health importance including:
  - Problem bird roost harassment and/or eradication
  - Mosquitoes, rats, bats, ticks, and fleas
- Review and approve all new onsite sewage disposal systems in compliance with rules; observe and evaluate soils tests as needed
- Issue permits for repairs of failing onsite systems; evaluate reasons for failures
- Review subdivision reports and take appropriate actions (recommendations/approvals)
- Investigate and document complaints; abate unsanitary conditions
- Inspect septic tank manufacturers and permit sewage tank pumpers
- Conduct rabies control activities
- Evaluate proposals for new cemeteries

**ALABAMA DEPARTMENT OF PUBLIC HEALTH**
**MAILING ADDRESS ROSTER OF COUNTY HEALTH DEPARTMENTS, HEALTH OFFICERS AND ADMINISTRATORS**
March 1, 1990

| COUNTY/DISTRICT | NAME | TITLE | TEL. NO. | MAILING ADDRESS |
|---|---|---|---|---|
| PUBLIC HEALTH AREA # 1 | Betty W. Vaughan, M.D. | ASHO | 353-7021 | Box 1628, Decatur 35602-1628 |
| NORTHWEST AL REGIONAL HEALTH DEPT. | | | 383-1231 | Box 929, Tuscumbia 35674-0929 |
| Colbert | Karen Landers, M.D. | DHO | 383-1231 | Box 929, Tuscumbia 35674-0929 |
| Franklin | Karen Landers, M.D. | DHO | 332-2700 | Box 100, Russellville 35653-0100 |
| Lauderdale | Karen Landers, M.D. | DHO | 764-7453 | Box 1036, Florence 35631-1036 |
| TRI-COUNTY DIST. HEALTH SERVICES | | | 353-7021 | Box 1628, Decatur 35602-1628 |
| Cullman | Betty W. Vaughan, M.D. | DHO | 734-1030 | Box 1678, Cullman 35056-1678 |
| Lawrence | Betty W. Vaughan, M.D. | DHO | 974-1141 | Box 308, Moulton 35650-0308 |
| Limestone | Betty W. Vaughan, M.D. | DHO | 232-3200 | Box 889, Athens 35611-0889 |
| Morgan | Betty W. Vaughan, M.D. | DHO | 353-7021 | Box 1628, Decatur 35602-1628 |
| Jackson | Lyle Haas | HSA | 259-4161 | Box 398, Scottsboro 35768-0398 |
| Madison | Lawrence L. Robey, M.D. | LHO | 539-3711 | Box 425, Huntsville 35804-0425 |
| Marion | Leland Screws | HSA | 921-3118 | Box 158, Hamilton 35570-0158 |
| Marshall | Lyle Haas | HSA | 582-3174 | P. O. Box 991, Guntersville 35976-0991 |
| Winston | Leland Screws | HSA | 489-2101 | Box 57, Double Springs 35553-0057 |
| PUBLIC HEALTH AREA # 2 | VACANT | ASHO | 345-4131 | P. O. Box 030009, Tuscaloosa 35403 |
| WEST AL DISTRICT HEALTH DEPT. | | | 345-4131 | P. O. Box 030009, Tuscaloosa 35403 |
| Bibb | William W. Denton | HSA | 926-9702 | 105 Church St., Centreville 35042-1207 |
| Greene | William W. Denton | HSA | 372-9361 | Box 269, Eutaw 35462-0269 |
| Lamar | William W. Denton | HSA | 695-9195 | Box 548, Vernon 35592-0548 |
| Pickens | William W. Denton | HSA | 367-8157 | Rt. 2, Box 202, Carrollton 35447-9599 |
| Tuscaloosa | William W. Denton | HSA | 345-4131 | P. O. Box 030009, Tuscaloosa 35403 |
| Fayette | William W. Denton | HSA | 932-5260 | Box 351, Fayette 35555-0351 |
| PUBLIC HEALTH AREA # 3 | Melinda G. Rowe, M.D. | ASHO | 987-9259 | Box 1059, Pelham 35124-1059 |
| Blount | Frank Banks | HSA | 274-2120 | Box 96, Oneonta 35121-0096 |
| Chilton | Melinda G. Rowe, M.D. | HSA | 755-1287 | Box 1778, Clanton 35045-1778 |
| St. Clair | Melinda G. Rowe, M.D. | DHO | 594-7944 | Box 249, Ashville 35953-0249 |
| St. Clair | Melinda G. Rowe, M.D. | DHO | 338-3357 | Box 627, Pell City 35125-0627 |
| Shelby | Melinda G. Rowe, M.D. | DHO | 669-3920 | Box 976, Columbiana 35051-0976 |
| Walker | Frank Banks | HSA | 221-9775 | Box 690, Jasper 35502-0690 |
| PUBLIC HEALTH AREA # 4 | VACANT | ASHO | | |
| | Tommy Nielsen | HSA | 236-3274 | Box 488, Anniston 36202-0488 |
| Calhoun | Tommy Nielsen | HSA | 237-7523 | Box 488, Anniston 36202-0488 |
| Chambers | Ellene Mitchell | HSA | 864-8834 | Box 319, LaFayette 36862-0319 |
| Cherokee | Jim C. Russell | HSA | 927-3132 | Box 176, Centre 35960-0176 |
| Clay | Tommy Nielsen | HSA | 354-2181 | Box 325, Ashland 36251-0325 |
| Cleburne | Jim Russell | HSA | 463-2296 | Box 36, Heflin 36264-0036 |
| Coosa | Jean Foster | HSA | 377-4364 | Box 235, Rockford 35136-0235 |
| DeKalb | Jim C. Russell | HSA | 845-1931 | Box 347, Fort Payne 35967-0347 |
| Etowah | Jean Foster | HSA | 547-6311 | Box 555, Gadsden 35902-0555 |
| Randolph | Ellene Mitchell | HSA | 863-8981 | 527 Price St., Roanoke 36274--2196 |
| Talladega | Tommy Nielsen | HSA | 362-2593 | Box 1012, Talladega 35160-1012 |
| Tallapoosa | Ellene Mitchell | HSA | 825-9203 | Box 125, Dadeville 36853-0125 |
| PUBLIC HEALTH AREA # 5 | Joyce Gendzwill, M.D. | ASHO | 242-5133 | 434 Monroe St., Montgomery 36130-1701 |
| Autauga | Bobby H. Bryan | HSA | 365-3349 | Box G, Prattville 36067-0200 |
| Barbour | Russell Killingsworth | HSA | 687-4808 | Box 238, Eufaula 36027-0238 |
| Bullock | Louis Thorpe | HSA | 738-3030 | Drawer 430, Union Springs 36089-0430 |
| Butler | Ziba Anderson | HSA | 382-3154 | Box 339, Greenville 36037-0339 |
| Coffee | Kenneth Ball | HSA | 897-2523 | 128 N. Court Ave., Elba 36323 |
| Coffee | Kenneth Ball | HSA | 347-9574 | Box 1316, Enterprise 36331-1316 |
| Covington | Ziba Anderson | HSA | 222-1175 | Box 186, Andalusia 36420-0186 |
| Crenshaw | Ron Wheeler | HSA | 335-6568 | Box 326, Luverne 36049-0326 |
| Dale | Charles Oliver | HSA | 774-5146 | Box 1207, Ozark 36361-1207 |
| Elmore | Bobby H. Bryan | HSA | 567-1171 | Box 316, Wetumpka 36092-0316 |
| Geneva | Kenneth Ball | HSA | 684-2257 | Box 386, Geneva 36340-0386 |
| Henry | Russell Killingsworth | HSA | 585-2660 | Box 86, Abbeville 36310-0086 |
| Houston | Marilyn E. Crumpton, M.D. | LHO | 793-1911 | Drawer 2087, Dothan 36302-2087 |
| Lee | Russell Killingsworth | HSA | 745-5765 | Box 2207, Opelika 36803-2207 |
| Lowndes | Ziba Anderson | HSA | 548-2564 | Box 35, Hayneville 36040-0035 |
| Macon | Walter Pack | HSA | 727-1800 | Drawer 180, Tuskegee 36083-0180 |
| Montgomery | Ron Wheeler | HSA | 263-6671 | 515 W. Jeff Davis Ave., Montgomery 36104-4807 |
| Pike | Kenneth Ball | HSA | 566-2860 | Box 425, Troy 36081-0425 |
| Russell | Walter Pack | HSA | 297-0251 | Box 548, Phenix City 36868-0548 |
| PUBLIC HEALTH AREA # 6 | VACANT | ASHO | | |
| SECTION A | Tom N. Phillips | HSA | 242-5542 | 434 Monroe St., Montgomery 36130-1701 |
| Choctaw | Thomas C. Stuart | HSA | 459-2494 | P. O. Box 629, Butler 36904-0629 |
| Dallas | Dean Fields | HSA | 874-2550 | Box K, Selma 36702-0330 |
| Hale | Thomas C. Stuart | HSA | 624-3018 | Box 87, Greensboro 36744-0087 |
| Marengo | Bill Coleman | HSA | 295-4205 | Box 454, Linden 36748-0454 |
| Perry | Thomas C. Stuart | HSA | 683-6153 | Box 119, Marion 36756-0119 |
| Sumter | Thomas C. Stuart | HSA | 652-7972 | Drawer 340, Livingston 35470-0340 |
| Wilcox | Tom N. Phillips | HSA | 682-4515 | Box 27, Camden 36726-0027 |
| SECTION B | Ruth Underwood | HSA | 928-5504 | P. O. Box 538, Fairhope 36533-0538 |
| Baldwin | Charles Watterson | HSA | 928-5504 | P.O. Box 538, Fairhope 36533-0538 |
| Clarke | Bill Coleman | HSA | 275-3772 | Box 477, Grove Hill 36451-0477 |
| Conecuh | Charles Watterson | HSA | 578-1952 | Box 110, Evergreen 36401-0110 |
| Escambia | Charles Watterson | HSA | 867-5765 | Box 66, Brewton 36427-0066 |
| Monroe | Ruth Underwood | HSA | 575-3109 | Box 609, Monroeville 36461-0609 |
| Washington | Bill Coleman | HSA | 847-2245 | Box 417, Chatom 36518-0417 |
| PUBLIC HEALTH AREA # 7 | Bernard H. Eichold, II, M.D. | ASHO | 690-8158 | Box 2867, Mobile 36652-2867 |
| Mobile (Effective 5-1-90) | Bernard H. Eichold, II, M.D. | LHO | 690-8158 | Box 2867, Mobile 36652-2867 660-6179 (ATTNet) |
| PUBLIC HEALTH AREA # 8 | Carole W. Samuelson, M.D. | ASHO | 933-9110 | Box 2648, Birmingham 35202-2648 |
| Jefferson | Carole W. Samuelson, M.D. | LHO | 933-9110 | Box 2648, Birmingham 35202-2648 |

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## BRANCH OFFICES

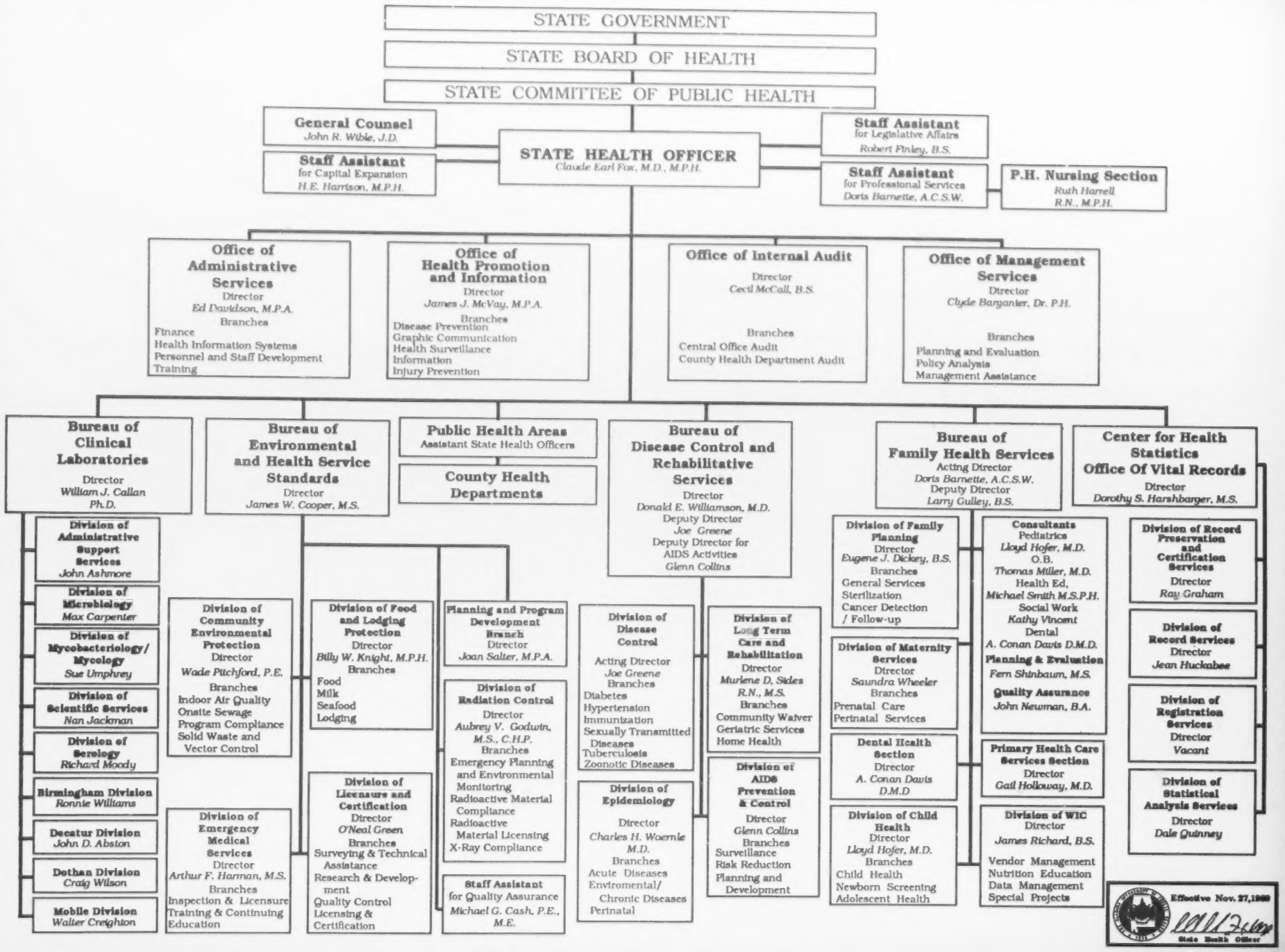
| COUNTY | TEL. NO. | MAILING ADDRESS |
|---|---|---|
| Baldwin | 943-2342 | P. O. Box 1089, Foley 36535-1089 |
| | 928-5504 | 72 N. Fairhope Ave., Fairhope 36532-3421 |
| Barbour | 775-8324 | Box 217, Clayton 36016-0217 |
| Chambers | 768-2196 | 3205 22nd Ave., Valley 36854-3020 |
| Escambia | 368-9188 | Route 4, Box 33, Atmore 36502-9108 |
| Henry | 693-2220 | Box 175, Headland 36345-0175 |
| Jefferson | 424-6001 | Bessemer Health Center |
| | | 2201 Arlington Ave., Bessemer 35020-4299 |
| | 591-5180 | Eastern Health Center |
| | | 5720 1st Ave., South; Birmingham 35212-2599 |
| | 699-2442 | Leeds Health Center |
| | | 210 Park Drive, Leeds 35094-1846 |
| | 647-0572 | Morris Health Center |
| | | Box 272, Morris 35116-0272 |
| | 323-4548 | Northern Health Center |
| | | 2817 North 30th Ave., Birmingham 35207-4599 |
| | 788-3321 | Western Health Center |
| | | 1700 Avenue E, Ensley; Birmingham, 35218-1543 |
| | 788-7770 | Western Mental Health Center |
| | | 1701 Avenue D, Ensley; Birmingham 35218-1532 |
| Madison | 539-4194 | Cavalry Hill Clinic; Box 425, Huntsville 35804-0425 |
| | 534-1651 | WIC Building; Box 252, Huntsville 35804-0252 |
| | 539-3711 | Triana Clinic; Box 425, Huntsville 35804-0425 |
| Marshall | 878-4044 | Albertville Health Center |
| | | 500 Coliseum Drive, Albertville 35950-2462 |
| Montgomery | 281-8008 | Primary Care Center |
| | | 88 West So. Blvd., Montgomery 36105 |
| Montgomery | 286-0907 | Maternity Clinic |
| | | 2119 E. So. Blvd., Suite 322, Montgomery 36111 |
| Shelby | 664-2470 | Box 846, Pelham 35124-0846 |
| Sumter | 392-4732 | York Branch; Drawer 8, York 36925-0008 |
| Talladega | 249-3807 | 109 S. Anniston Ave., Sylacauga 35150-2962 |
| | 378-6190 | 803 Third St., S.W., Childersburg 35044-1609 |
| Tallapoosa | 329-0531 | 124 Airport Circle, Alexander City 35010-9805 |

| SATELLITE OFFICES | | | |
|---|---|---|---|
| Coosa | Goodwater (Open Wednesdays & Thursdays) | 839-6727 | Box 361, Goodwater 35072-0361 |
| Covington | Opp (Open Tuesdays) | 493-4511 | 108 N. Main St., Opp 36467-2006 |
| Marion | Winfield (Open Thursdays) | 487-3688 | Box 158, Hamilton 35570-0158 |
| Perry | Uniontown (Open Tuesdays & Thursdays) | 628-6226 | Box 119, Marion 36756-0119 |
| Randolph | Wedowee (Open Tuesday Afternoons & Wednesdays) | 357-4764 | 527 Price St., Roanoke 36274-2196 |
| Winston | Haleyville (Open Wednesdays & Fridays) | 486-2479 | Box 57, Double Springs 35553-0057 |

ASHO—Assistant State Health Officer, DHO—District Health Officer, LHO—Local Health Officer, HSA—Health Services Administrator

Please notify The Office of Management Services of changes or errors, 434 Monroe Street, Room 307, Montgomery, Alabama 36130-1701, Telephone 242-5081.

# ORGANIZATION OF THE ALABAMA DEPARTMENT OF PUBLIC HEALTH



## NOTES

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**Director**
*James J. McVay, M.P.A.*

**Director, Graphic Communication Branch**
*W. Wayne Bennett*

**Co-Editors**
*Jamie Creamer*
*Sally Palmer*

**Editorial Consultant**
*Arrol Sheehan*

**Typographers**
*Pat Hill*
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**Graphic Artists**
*Bubba Sears*
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**Photographers**
*Jamie Creamer*
*Sally Palmer*
*Robert Phaturos*

**Production Placement Coordinator**
*Marianne Lansdon*

**Typist**
*Linda Hinton*


**For additional copies of this report, contact:**


*Sally Palmer*
*Alabama Department of Public Health*
*434 Monroe Street, OHPI*
*Montgomery, Ala. 36130-1701*
*(205) 242-5095*



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# PUBLIC HEALTH AREAS

*Alabama is divided into eight public health areas to facilitate coordination, supervision and development of public health services. Area offices are responsible for developing local management programs of public health services and programs particularly suited to the needs of each area.*

Revised 3-90

**PHA 1**
Betty W. Vaughan, M.D.
Assistant State Health Officer
Box 1628
Decatur 35602
Phone 353-7021

**PHA 2**
William W. Denton
Area Health Administrator
1101 Jackson Ave.
Tuscaloosa 35401
Phone 345-4131

**PHA 3**
Melinda G. Rowe, M.D.
Assistant State Health Officer
Box 1059
Pelham 35124-1059
Phone 987-9259

**PHA 4**
Thomas R. Nielsen
Area Health Administrator
Box 488
Anniston 36202
Phone 236-3274

**PHA 5**
Joyce Gendzwill, M.D.
Assistant State Health Officer
434 Monroe Street
Montgomery 36130-1701
Phone 242-5133

**PHA 6**
Tom N. Phillips, M.P.A.
Area Health Administrator
434 Monroe Street
Montgomery 36130-1701
Phone 242-5542

**PHA 7**
Bernard H. Eichold II, M.D.*
Assistant State Health Officer
Box 2867
Mobile 36652
Phone 690-8158

**PHA 8**
Carole W. Samuelson, M.D.
Assistant State Health Officer
Box 2648
Birmingham 35202
Phone 933-9110

*Effective 3-1-90